State of West Virginia
Office of Miners' Health, Safety and Training
7 Players Club Drive – Suite 2
Charleston, WV 25311-1626
Telephone: 304-558-1425 Fax: 304-558-1282
www.wvminesafety.org

REVISED 11/2013
For Office Use Only

Certification # Issued _____
Date Issued _____
5000-23 _____

SAFETY SENSITIVE PERSONNEL DOCUMENT

THIS DOCUMENT IS TO BE COMPLETED AND SIGNED BY A COMPANY OFFICIAL. PLEASE TYPE OR PRINT FORM IN ITS ENTIRETY.
(WHERE APPLICABLE)

This is to certify that _____
Last First Middle Initial SSN # Date of Birth

now residing at _____
Home Address City State Zip Code Telephone Number

is employed by _____
Company Name Mine Name Telephone Number

From _____ to _____
(Month/Day/Year) (Month/Day/Year)

located at _____
Address City County State Zip Code WV Permit Number

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT

_____ _____
Company Official Printed Name and Title Company Official Signature Date

_____
Company Official Mailing Address City County State Zip Code Telephone

State of _____

County of _____

I, _____, a Notary Public do hereby certify that the individual signed the writing above attesting that it is a true statement. Signed before me this _____day of _____, 20_____.

(Notary Stamp/Seal Required)

_____
Notary Public Signature

My commission expires: _____

§22A-1-21(d) Whosoever knowingly makes any false statements, representation, or certification in any application, record, plan, or other document filed or required to be maintained pursuant to this law or any order or decision under this law shall be guilty of a misdemeanor, and upon conviction thereof, shall be fined not more than $5,000.00 or imprisoned in the county jail not more than six (6) month, or both, fined andimprisoned.

_____ _____
Applicant Signature Date Approved by (WVOMHST) Approval Date

FOR OFFICE USE ONLY:

Test Fees Collected: Amount:_____ Date _____ Receipt # _____ Book # _____