

Attach recent photograph or
copy of Driver's License



Revised: 7-2011

State of West Virginia
Office of Miners' Health, Safety and Training
1615 Washington St. East
Charleston, West Virginia 25311-2126
Phone: 304-558-1425 Fax: 304-5581282
Website: www.wvminesafety.org

Cert. No.: _____

Date of Issue: _____

Certifying Officer: _____

OFFICIAL ELECTRICAL EXPERIENCE DOCUMENT

Company: _____ Phone Number: _____

Mine: _____ Phone Number: _____

Company Official Signature: _____ Title: _____

APPLICANT INFORMATION

Name: _____ Social Security Number : _____

Address: _____

Phone Number: _____

Miner's Certificate Number: _____ Underground: _____ Surface: _____

EXPERIENCE INFORMATION

- Reciprocity
- Out-of- state Experience
- In-State Experience
- Out-of-State Experience
- Apprentice Card No.: _____ Date Issued: _____
MIIN Number: _____
Scheduled work days during Apprenticeship period: _____
Days worked during Apprenticeship period: _____
Amount of Electrical Experience (Low & Medium Voltage): _____
Amount of Electrical Experience (High Voltage): _____
Number of hours classroom training _____

Instructor Signature

- Electrical Engineering degree and six months experience. (**ATTACH COPY of DEGREE**)
- Previous Electrical Certifications: Underground No.: _____ Surface No.: _____ Prep. Plant No.: _____
- Three or more years electrical experience (**ATTACH LETTER FROM COMPANY OFFICIAL(S)**)

I hereby certify that the above named applicant has demonstrated sufficient knowledge in the areas applicable for electrical certification.

Signature Certified Electrician

Cert No.: _____

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

Signature of Applicant: _____

Date: _____