REVISED JULY, 2008

ATTACH RECENT PHOTOGRAPH

FOR OFFICE USE ONLY:

Apprentice Miner # _____

Certificate # Issued _____

Out-of-state # _____ State _____

First Aid Training Date _____

State of West Virginia

Office of Miners' Health, Safety and Training

1615 Washington Street, East, Charleston, WV 25311-2126

WEBSITE: www.wvminesafety.org

COAL MINER EXPERIENCE DOCUMENT

THIS DOCUMENT IS TO BE COMPLETED AND SIGNED BY A COMPANY OFFICIAL. PLEASE TYPE OR PRINT FORM IN ITS ENTIRETY. TESTING MAY BE DENIED IF THIS FORM IS NOT COMPLETED IN ITS ENTIRETY.

This is to certify that _____ _____
Last Name First Name Middle Initial Social Security Number

now residing at _____ was employed by
Home Address City State ZIP Code Telephone Number

_____
Company Name Mine Name Telephone Number

located at _____
Address City County State WV Permit Number

for a period of _____, (minimum of 108 days), beginning _____ and ending on _____
Days Month Day Year Month Day Year
(minimum of 6 months required)

PLEASE CHECK APPROPRIATE AREAS BELOW: MY EXPERIENCE WITH THIS COMPANY WAS:

A ( ) In West Virginia
B ( ) Out of West Virginia
C ( ) Underground Mine
D ( ) Surface Mine
E ( ) Surface / Operating Similar Equipment

PLEASE NOTE: IF YOU CHECKED "E," YOU MUST COMPLETE THE BACK SIDE OF THIS FORM AND YOU MUST POSSESS A WEST VIRGINIA SURFACE APPRENTICESHIP CERTIFICATE. IF YOU CHECKED "B" AND EITHER "C" OR "D" ABOVE YOU MUST ATTACH A COPY OF YOUR FIRST-AID TRAINING CERTIFICATE (FORM 5000-23).

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

_____
Company Official Mailing Address City County State Zip Code

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) months, or both, fined and imprisoned.

_____
Applicant Signature Date

PLEASE COMPLETE THIS SECTION IF YOU CHECKED "E" ON THE FRONT SIDE OF THIS FORM

LIST SIMILAR SURFACE MINE HEAVY EQUPMENT OPERATED

(PLEASE BE SPECIFIC)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

TYPE OF ENVIRONMENT WORKED SIMILAR TO SURFACE MINE OPERATION

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

FOR OFFICE USE ONLY:

Test Fees Collected: Amount:_____Date_____Receipt #_____Book #_____

Reviewed by: _____ Region _____
Printed Name

_____
Signature of Reviewer Required

Date Reviewed: _____

Date Exam(s) Given: _____Test Score(s) _____

_____

CERTIFICATION NUMBER: _____
Certification number Issued must also be placed at top right space provided on the front of this document