

Attach recent photograph

DO NOT WRITE IN THIS SPACE rev. 7/2011



Shaft & Slope Shot Firer Examiner Number: _____
Date Issued: _____

State of West Virginia
Office of Miners' Health, Safety and Training
1615 Washington Street, East
Charleston, WV 25311-2126
Web: www.wvminesafety.org

OFFICIAL SHAFT & SLOPE SHOT FIRER EXPERIENCE DOCUMENT

Section 1

Name (Print) _____
Last First Middle

Address _____
Street or Box City State Zip

Social Security Number: _____ WV Miners Certificate No. _____

Mine Foreman Certificate Number (if applicable) _____

Total years mining experience: _____ years. (Note: Minimum Two (2) years underground experience required.)

Present Occupation: _____

Section 2

Present Employer: _____

Address: _____ City: _____ State: _____ ZIP: _____

Mine Name or Number: _____

Previous Employer: _____

Address: _____ City: _____ State: _____ ZIP: _____

Mine Name or Number: _____

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT,

Date

Signature of Applicant

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, and 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.

Approval Date

Approved by (WVMHST)

NOTE: Attach a copy of your First Aid Training Document. Minimum of five (5) hours per two (2) years training required.