

Attach recent photograph



DO NOT WRITE IN THIS SPACE rev. 5/2009

Registration No. _____

Certification No. _____

Classification _____

Date issued _____

Approved by: _____

Date Approved: _____

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

Complete Sections 1-4

SURFACE CONSTRUCTION SUPERVISOR APPLICATION

Section 1

Name _____

Last

First

Middle

Address _____

Street or Box

City

State

Zip

Phone

Date of Birth ____/____/____

Social Security Number (last four digits) _____

Section 2

If additional space is needed use separate sheet of paper

SURFACE CONSTRUCTION EXPERIENCE

Company and Mine Name Address Experience Dates of Employment Duties

1) _____
Month/Day/Year to Month/Day/Year

2) _____
Month/Day/Year to Month/Day/Year

3) _____
Month/Day/Year to Month/Day/Year

4) _____
Month/Day/Year to Month/Day/Year

Date

Signature of Applicant

Section 3

State of _____ County of _____

Subscribed and sworn before me, a Notary Public this _____ day of _____, 20 ____.

My commission expires _____

(Notary Seal)

Signature of Notary Public

22A-2-21(d) Whoever knowingly makes any false statement, representation, or certification in any application, record, report, plan or other document filed or required to be maintained pursuant to this law or any other or decision issued 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 months, or both fined and imprisoned.

