

Attach recent photograph



DO NOT WRITE IN THIS SPACE rev. 5/2009

Registration No. _____

Certification No. _____

Classification _____

Date issued _____

**State of West Virginia
Office of Miners' Health, Safety and Training**

1615 Washington Street, East
Charleston, WV 25311-2126

Approved by: _____

Web: www.wvminesafety.org

Complete Sections 1-4

Date Approved: _____

SURFACE MINE FOREMAN EXAMINATION APPLICATION

Section 1

Name _____

Last First Middle

Address _____

Street or Box City State Zip Phone

Date of Birth ___/___/___ Soc. Sec. No. (last 4 digits): _____ WV Miners Certificate No. _____

Total surface experience _____ years. Working pit experience _____ months.

Are you a graduate of an accredited mining engineering school? yes/no ____ . If yes attach a copy of your degree to this application.

SURFACE EXPERIENCE

Section 2

If additional space is needed use separate sheet of paper

Years of

Company and Mine Name	Address	Experience	Dates of Employment	Duties
1)			___/___/___ to ___/___/___ Month/Day/Year Month/Day/Year	
2)			___/___/___ to ___/___/___ Month/Day/Year Month/Day/Year	
3)			___/___/___ to ___/___/___ Month/Day/Year Month/Day/Year	
4)			___/___/___ to ___/___/___ Month/Day/Year Month/Day/Year	

Date _____

Signature of Applicant

Section 3

Subscribed and sworn before me, a Notary Public in and for _____ County, State of _____

this _____ day of _____, 20 _____.

Notary Public

My commission expires _____

Return completed form to the nearest West Virginia Office of Miners' Health safety and Training Regional Office or to the Regional Office where you plan to take the examination. A listing of Regional Offices may be found on our web site or below:

- **Region One** • 14 Commerce Dr., Westover West Virginia 26501 • Telephone 304-285-3268 • Fax 304-285-3275
- **Region Two** • 891 Stewart Street, Welch, West Virginia 24801-2311 • Telephone 304-436-8421 • Fax 304-436-2100
- **Region Three** • 137 Peach Court - Suite 2, Danville, West Virginia 25053 • Telephone 304-369-7823 • Fax 304-369-7826
- **Region Four** • 142 Industrial Drive, Oak Hill, West Virginia 25901-9714 • Telephone 304-469-8100 • Fax 304-469-4059



22A-2-21(d) Whoever knowingly makes any false statement, representation, or certification in any application, record, report, plan or other documents 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 month, or both fined and imprisoned.

Section 4 - To be completed by company official verifying mining experience

This is to certify that _____ has had __ years and/or _____ months of surface coal mining experience with this company, of which _____ months were on or at a working section.

Coal Company / Mine

Signature of Company Official

Employment Dates: ____ / ____ / ____ to ____ / ____ / ____
Month/ Day/ Year Month/ Day/ Year

Printed Name/Title of Co. Official certifying experience

State of _____

Telephone Number

County of _____

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

My commission expires _____

(Notary Seal)

Signature of Notary Public

This is to certify that _____ has had __ years and/or _____ months of surface coal mining experience with this company, of which _____ months were on or at a working section.

Coal Company / Mine

Signature of Company Official

Employment Dates: ____ / ____ / ____ to ____ / ____ / ____
Month/ Day/ Year Month/ Day/ Year

Printed Name/Title of Co. Official certifying experience

State of _____

Telephone Number

County of _____

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My commission expires _____

(Notary Seal)

Signature of Notary Public

This is to certify that _____ has had __ years and/or _____ months of surface coal mining experience with this company, of which _____ months were on or at a working section.

Coal Company / Mine

Signature of Company Official

Employment Dates: ____ / ____ / ____ to ____ / ____ / ____
Month/ Day/ Year Month/ Day/ Year

Printed Name/Title of Co. Official certifying experience

State of _____

Telephone Number

County of _____

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

My commission expires _____

(Notary Seal)

Signature of Notary Public