

**APPLICATION FOR EXAMINATION:
MINE SAFETY INSTRUCTOR**

MINIMUM APPLICATION REQUIREMENTS:

1. A citizen of West Virginia, in good health, not less than twenty-four (24) years old, of **good character and reputation, and of temperate habits**; and,
2. A person who has practical experience with dangerous gases found in a coal mines; and who has good theoretical and practical knowledge of mines, mining methods, mine ventilation, sound safety practices and applicable mining laws and rules; and
3. A person who possesses a WV foreman/fireboss certification; or a person who has had at least three (3) years of experience as an actual working team member of a mine rescue team, or at least three (3) years of experience as a member of a first aid team or emergency medical technician team; or a person who has had at least three (3) years of experience as the safety director, or the equivalent approved by the Board of Coal Mine Health and Safety; or a person who has had at least three (3) years of experience as an active member of a mine safety committee.
4. Five (5) years of full-time or part-time practical experience* in coal mines, at least two (2) years of which must have been in mines of this state, provided, that graduation from an accredited college of mining engineering may be considered the equivalent of two (2) years practical experience.
5. Must have a valid West Virginia driver's license.

* Practical experience means the performance of normal mining duties requiring a person to hold a certificate of competency and qualification as an experienced miner prior to performing such duties.

If you meet these minimum requirements, **you must attach official documentation from your employer(s) detailing your years of coal mining experience and the occupation(s) or classification(s) at which you were employed**, beginning with your current employer and position or your most recent employer and position if you are not currently employed in the coal mining industry.

If the minimum requirements are not met by the applicant and/or the requested information and documentation is not provided by the applicant, the application will be considered insufficient by the WV Office of Miners' Health, Safety and Training and the applicant will not be eligible to be added to the respective register for employment consideration with the Office of Miners' Health, Safety and Training.

Mail the properly completed paperwork and **notarized** application to the following address:

**WV Office of Miners' Health, Safety and Training
#7 Players' Club Dr., Ste 2
Charleston, West Virginia 25311
ATTN: Leah Craver**

APPLICANT INFORMATION

(revised 7/25)

Name: _____ Date: _____

Social Security Number (Last 4 only): _____

Valid WV Driver's License Number: _____

Current Address: _____

Current Physical Address (if different from above): _____

Current Telephone Number: () _____

How long have you resided at this address? Years: _____ Months: _____

Previous Address: _____

How long did you reside at this address? Years: _____ Months: _____

Current Email Address: _____

Have you been convicted of a felony? ____ Yes ____ No. If yes, please explain:

EDUCATION

Did you receive a high school diploma or high school equivalency diploma (GED)? ____ Yes ____ No

Mark highest grade completed: __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__ __11__ __12__

Additional Education: All academic training, other than high school or GED, must be verified. Verification of academic training may be in the form of an **official transcript**, copy of **diploma** or **certificate**, or **written statement** from an authorized agency verifying possession of the necessary credentials.

School Name and Address	Field(s) of Study		Credit Hours		Dates of Attendance		Type of Degree
	Major	Minor	Sem.	Quar.	Mo/Yr.	Mo/Yr.	
College (Undergraduate)							
College (Graduate)							
Business, Vocational, or Technical School							
Additional Training, (Semesters, Military Trng., Workshops, Etc.)							
Military Service:			Type of Discharge:				

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In the space below, list any related licenses and certificates. (Verification copies must be provided.) If you have a **Commercial Driver's License (CDL)**, enter your **License Number**, **CDL License Class**, and **Expiration Date**.

What gas detecting instruments do you have experience in using?

REGIONAL OFFICES

Select a **Region** in which you will definitely accept employment.

Mark **ALL Regions** only if you are willing to accept employment in any region and are willing to relocate.

<input type="checkbox"/>	Region 1 Westover	<input type="checkbox"/>	Region 2 Welch	<input type="checkbox"/>	Region 4 Oak Hill
	Barbour	Monongalia	Cabell		Boone
	Berkeley	Morgan	Lincoln		Braxton
	Brooke	Ohio	Logan		Clay
	Calhoun	Pendleton	Mason		Fayette
	Doddridge	Pleasants	Mingo		Greenbrier
	Gilmer	Preston	McDowell		Jackson
	Grant	Randolph	Mercer		Kanawha
	Hampshire	Richie	Monroe		Nicholas
	Hancock	Taylor	Summers		Pocahontas
	Hardy	Tucker	Wayne		Putnam
	Harrison	Tyler	Wyoming		Raleigh
	Jefferson	Upshur			Roane
	Lewis	Wetzel			Webster
	Marion	Wirt			
	Marshall	Wood			
	Mineral				
Mark only if available in ALL regions			<input type="checkbox"/>		

Identification: When reporting for an examination, you must present identification which includes a signature and/or picture (ex.: driver's license, social security card, credit cards, and passport).

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Affirmation: I certify under penalty of law and disqualification that all statements are true and complete. I authorize the Office of Miners' Health, Safety and Training to conduct an inquiry into any job-related information contained in this application. I release the Office of Miners' Health, Safety and Training from any and all liability by reason of the request for such information. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

Signature: _____ **Date:** _____

You must attach official documentation from your employer(s) detailing your years of practical coal mining experience and the occupation(s) or classification(s) at which you were employed, beginning with your current employer and position (or your most recent employer and position if you are not currently employed in the coal mining industry). Please use additional pages as necessary.

Employer Name and Address		Employer Phone Number
Name of Supervisor	Your Title	Employment Dates From: To:
Detailed Description of Your Duties and Responsibilities		

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AFFIDAVIT OF APPLICANT

I, _____, do hereby affirm that I am a resident of West Virginia. I currently have _____ years and _____ months of practical coal mining experience, at least two (2) years of which have been in coal mines in this state. I affirm that I am in good health and that the statements and information recorded in this application are true and accurate to the best of my knowledge. I agree that if an appointment to the position of mine safety instructor is offered and accepted, I will accept initial assignment or a later transfer to any location in the State of West Virginia as designated by the Director of the West Virginia Office of Miners' Health, Safety and Training, pursuant to § 22A-1-4(b)(3) of The West Virginia Code.

Applicant's Signature

STATE OF WEST VIRGINIA

COUNTY OF _____ TO WIT:

Acknowledged, subscribed and affirmed before me in my said county, this _____ day of

_____, _____.

Notary Public

My Commission Expires _____,

NOTE: If you are placed on the register for employment, you must indicate in writing annually (every year) as to your continued availability for employment. Failing to comply could result in your being removed from the register as per WV Code §22A-9-1(3).