

**APPLICATION FOR EXAMINATION:  
SURFACE COAL MINE INSPECTOR**

**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 had at least five (5) years of practical experience\* in coal mines, at least two (2) years of which have been in surface mines in this state: Provided that graduation from any accredited college of mining engineering may be considered the equivalent of two years of practical experience.
3. And a person who has a good theoretical and practical knowledge of surface mines, surface mining methods, sound safety practices and applicable mining laws and rules.
4. 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 surface miner prior to actually performing the duties.

If you meet these minimum requirements, **you must attach official documentation from your employer(s) detailing your years of surface 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 surface 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:**


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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 Trg., Workshops, Etc.)							
<b>Military Service:</b>			<b>Type of Discharge:</b>				

APPLICANT INFORMATION

(revised 7/25)

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?

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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 <b>ALL</b> 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).

**APPLICANT INFORMATION**

(revised 7/25)

**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 surface 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 surface 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		

**Examination: SURFACE**

Test No.

**(revised 7/25)**

## APPLICANT INFORMATION

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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## **APPLICANT INFORMATION**

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

APPLICANT INFORMATIONAFFIDAVIT OF APPLICANT

I, \_\_\_\_\_, do hereby affirm that I am a resident of West Virginia. I currently have \_\_\_\_\_ years and \_\_\_\_\_ months of practical surface coal mining experience, at least two (2) years of which have been in surface 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 surface coal mine inspector 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.

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Applicant's Signature

STATE OF WEST VIRGINIA

COUNTY OF \_\_\_\_\_ TO WIT:

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

\_\_\_\_\_, \_\_\_\_\_.

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Notary Public

My Commission Expires \_\_\_\_\_,

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**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).**