

Attach recent photograph

Certification No: \_\_\_\_\_

Date Issued: \_\_\_\_\_



**STATE OF WEST VIRGINIA**  
**OFFICE OF MINERS' HEALTH, SAFETY AND TRAINING**  
#7 Players Club Drive – Suite 2  
Charleston, West Virginia 25311-1626  
[www.minesafety.wv.gov](http://www.minesafety.wv.gov)

**Underground Mine Foreman Continuing Education Instructor Application**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street or Box City State Zip

Social Security No. (Last 4 Digits) \_\_\_\_\_ West Virginia Miner's Certificate No. \_\_\_\_\_

West Virginia Mine Foreman No. \_\_\_\_\_

Certifications/Qualifications (MSHA, WV State) \_\_\_\_\_

Name and Address of college/university attended \_\_\_\_\_

Type of Degree \_\_\_\_\_

**UNDERGROUND EXPERIENCE**

**Company and Mine Name**

**Address**

(1) \_\_\_\_\_  
Years of Experience \_\_\_\_\_ Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

(2) \_\_\_\_\_  
Years of Experience \_\_\_\_\_ Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

(3) \_\_\_\_\_  
Years of Experience \_\_\_\_\_ Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

Date: \_\_\_\_\_

Signature of Applicant

Subscribed and sworn before me, a Notary Public in and for \_\_\_\_\_ County, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

§22A-1-21(d) Whosoever knowingly makes any false statements, representation, or certification in any application, record, plan, or other document filed or required to be maintained pursuant to this law or any order or decision 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 (6) months, or both, fined and imprisoned.

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***To Be Completed By Company Official Verifying Mining Experience***

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This is to certify that \_\_\_\_\_ has had \_\_\_\_\_ years \_\_\_\_\_ months of underground mining experience with this company.

Coal Company / Mine

Employment Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Printed Name/Title of Co. Official certifying experience

\_\_\_\_\_  
Date

Subscribed and sworn before me, a Notary Public in and for \_\_\_\_\_ County, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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Coal Company / Mine

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Month Day Year Month Day Year

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Printed Name/Title of Co. Official certifying experience

\_\_\_\_\_  
Date

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Month Day Year Month Day Year

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Signature of Company Official

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Printed Name/Title of Co. Official certifying experience

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Date

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\_\_\_\_\_  
Notary Public

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