Underground Outby Examiner Application Packet

Directions for Underground Outby Examiner Application

Important Note: You cannot use whiteout or cross through any letter or number on this document. If you make a mistake, you must complete another document. Mistakes cannot be corrected.

Directions to the applicant: Complete Section 1 and 2. Section 3 is a Notary Public witnessing your signature. Section 4 is to be completed by companies that are documenting experience. Section 2 should match the Section 4 pages you get completed. You may want to wait and get the Section 4 pages back from companies before completing Section 2, so all the dates match. Use as many Section 4 pages as needed to document two years. When you have all forms completed fill in the box Sheet _____ of ____ on all forms. Example: if you have three pages total, the first page will have Sheet 1 of 3, the second page will have Sheet 2 of 3 and page three will have Sheet 3 of 3. Staple all the pages together and submit to the local office of the West Virginia Office of Miners' Health, Safety & training where you plan on taking the examination.

The address' of the offices are:

West Virginia Office of Miners' Health, Safety & Training – 14 Commerce Dr. – Westover, WV 26501 – Phone: 304-285-3268 West Virginia Office of Miners' Health, Safety & Training – 830 Virginia Avenue – Welch, WV 24804 – Phone: 304-436-8421 West Virginia Office of Miners' Health, Safety & Training – PO Box 180 – Julian, WV 25529 – Phone: 304-369-7823 West Virginia Office of Miners' Health, Safety & Training – 337 Industrial Drive – Oak Hill, WV 25901 – Phone: 304-469-8100

Section 1: This is to be completed by the applicant. Please fill in all the blanks and print clearly with a pen. In the blanks for <u>Mining Experience Documented on the form</u> you should put years and months. If you have an even number of years place a zero in the months blank.

Section 2: This section shows where you have worked, duties, and time worked. The companies listed in this section should match the companies that are documenting your time. For example, if you worked at Joe Doe Coal Company for two years but are not having Joe Doe Company document time for you then do not list Joe Doe Coal Company in Section 2. Please remember that you must document two years of mining experience to be an outby examiner. After you have documented this amount of time you do not need to document additional time. For example, if you have twenty years of mining experience and have worked for your current company for six years you would only have to document the two years. It would be a waste of time to document the other years of experience. Section 2 requires you to sign and date the application and your signature must be witnessed by a Notary Public. Do not sign this form until you are in the presence of a Notary Public.

Section 3: Your signature must be witnessed by a Notary Public; they must verify that you are the person completing this application. The date you get this form notarized and the date you sign the form must be the same dates.

Section 4: This page should be completed by each company that is documenting your work experience. Directions for the person completing this form are as follows: Please document the starting and ending dates of employment for the person listed at the top of the page. If the person is still employed, place the date you are completing the form as the **TO** Date. Please list the coal company name and mine name, sign your name as the company official and then print your name and title. Also, your signature must be notarized by a Notary Public.

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State of West Virginia Office of Miners' Health Safety & Training #7 Players Club Drive — Suite 2 Charleston, WV 25311-1626 minesafety.wv.gov

Sheet 1 of

Attach a recent photograph

This sheet is to be completed by the applicant.

DO NOT WRITE IN THIS SPACE				
Registration No.:				
Certification No.:				
Belt Examiner No.:				
Classification:				
Date Issued:				

Name:						
La	ast	First		Middle		
Address:						
St	reet	City	State	State Zip		
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P	O Box	City	State	Zip	Zip	
Phone:		Soc. Sec	. No. (last four dig	its)		
Date of Birth	n: / / _					
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Mining Expe	rience Documented	d on this form: Yea	ars Mon	iths		
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SECTION 2	•					
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SECTION 3		Signature	e of Applicant:	Months Worked Years Months Years Months Years Months Years Months Years Months		
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> Section 4: This section is to be completed by the company verifying the experience of the applicant.

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OUTBY EXAMINER APPLICATION

APPLICANT'S PERSONAL INFOR	MATION					
Name:						
Last	First			Middle		
Address:						
Street or PO Box	City	Stat	e	Zip		
Phone:	Soc. Sec. No. (last four digits)					
WV Miners Certificate Number:	umber: Belt Examiner Certificate Number:					
SECTION 4 – To be completed by	the company	official verifying	the mining exp	erience.		
This is to certify that coal mining experience with this com		years and/or	months o	f underground		
		Dates: /	/ to	/ /		
Coal Company			year month			
			(do not pu	t present)		
Mine Name				. ,		
Signature of Company Official		Title of Company	Official			
Printed Name of Company Official		Telephone Numb	er			
	NOTARIZE	ED .				
Subscribed and sworn before me, a N	lotary Public in ar	nd for	County, Sta	te		
of	, this	day of	, 20_	•		
My commission expires						
wiy commission expires	Notary Public					
			-			
(Notary Seal)						

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 decision issued under this law shall be guilty of a misdemeanor, and upon conviction thereof, shall be fined not more than \$5,000 or imprisoned in the county jail not more than six months, or both fined and imprisoned.