REVISED 12-2013

ATTACH RECENT PHOTOGRAPH



## State of West Virginia

Apprentice Miner #\_\_\_\_\_

Out-of-state # \_\_\_\_\_State \_\_\_\_\_

Certificate # Issued

FOR OFFICE USE ONLY:

**Office of Miners' Health, Safety and Training** #7 Players Club Drive Suite 2, Charleston, WV 25311-1626

First Aid Training Date

www.wvminesafety.org

# **COAL MINER EXPERIENCE DOCUMENT**

# THIS DOCUMENT IS TO BE COMPLETED AND SIGNED BY A COMPANY OFFICIAL. PLEASE TYPE OR PRINT FORM IN ITS ENTIRETY. TESTING MAY BE DENIED IF THIS FORM IS NOT COMPLETED IN ITS ENTIRETY.

This is to certify t							
	Last Name	First Name		Middle Init	ial	Social Security	
now residing at	Home Address	City	State	2	ZIP Code	Telephone Nu	was employed by nber
		·				•	
Company Name		Mine N	Name		Telephone Nu	umber	
located at	Address						
			City		County		WV Permit Number
for a period of	, (minimum of Days	f 108 days), beginning _	Month	Day	and	ending on Mon	th Day Year
	Days		Month	Day		f 6 months required)	th Day Year
PLEASE CHEC	K APPROPRIATE AR	EAS BELOW: MY E	XPERIEN	CE WITH T	HIS COMPANY WA	<b>\S</b> :	
	A ( ) In	West Virginia		C ( ) U	nderground Mine		
		t of West Virginia		D ( ) S	urface Mine		
				E ( ) S	urface / Operating Sin	nilar Equipment	
	UR FIRST-AID TRAIN				Official Signature		Date
Company Offici	ial Mailing Address			City	County	State	z Zip Code
State of					County of		
				ry Public do	•		
attesting that it	is a true statement. Sig	ned before me this		_day of		, 20_	·
(Notary Stamp/Se	al Required)						
					Not	ary Public Signature	
My con	mmission expires:						
document filed	Whosoever knowingly l or required to be main on thereof, shall be fined	ntained pursuant to th	is law or a	ny order or	decision under this la	aw shall be guilty of	a misdemeanor, and
				cant Signatur			Date



#### PLEASE COMPLETE THIS SECTION IF YOU CHECKED "E" ON THE FRONT SIDE OF THIS FORM

#### LIST SIMILAR SURFACE MINE HEAVY EQUPMENT OPERATED

#### (PLEASE BE SPECIFIC)

1.	 6.	
2.	 7.	
3.	8.	
4	9	
5	 10	
Э.	10.	

## TYPE OF ENVIRONMENT WORKED SIMILAR TO SURFACE MINE OPERATION

FOR	<b>OFFICE</b>	USE	<b>ONLY:</b>	

Test Fees Collected:	Amount:	Date	Receipt #	Book #	
Reviewed by:	ed Name			Region	
Signature of Reviewer				-	
Date Reviewed:				-	
Date Exam(s) Given:		Test So	core(s)	-	
CERTIFICATION NU Certification number Is		ced at top right space provide	ed on the front of this do	- cument	