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	\S :	
	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	OFFICE	USE	ONLY:	

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	