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APP - 21
REVISED 1/2024



State of West Virginia
Office of Miners' Health, Safety and Training
7 Players Club Drive – Suite 2
Charleston, WV 25311-1626
Web: minesafety.wv.gov

Belt Examiner Number: _____

Date Issued: _____

OFFICIAL BELT EXAMINER EXPERIENCE DOCUMENT

Section 1

Name (Print) _____
Last First Middle

Address _____
Street or Box City State Zip

SSN (last four digits): _____ WV Miners Certificate No. _____

Total years mining experience: _____ years (Minimum of two (2) years underground experience required)

Present Occupation: _____

Section 2 Mining Experience: Minimum of two (2) years underground experience required

Company Name	Mine Name	Company Address	Duties	Years and Months Worked	Sheet Number
				Years _____ Months _____	

(Use additional sheets as necessary to document experience.)

NOTARIZED

SECTION 3

Subscribed and sworn before me, a Notary Public in and for _____ County, State of

_____ on this _____ day of _____ 20 ____.

Notary Public

My commission Expires _____

(Notary Seal)

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT,

Date

Signature of Company Official

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

Date

Signature of Applicant

Approval Date

Approved by (WVMHST)

NOTE: Applicant must have miner certification card, photo ID and current proof of First Aid training