

ATTACH RECENT PHOTOGRAPH



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

FOR OFFICE USE ONLY:

Apprentice Miner # _____
Certificate # Issued _____
Out-of-state # _____ State _____
First Aid Training Date _____

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 that _____
Last Name First Name Middle Initial Social Security Number
now residing at _____ was employed by _____
Home Address City State ZIP Code Telephone Number
Company Name Mine Name Telephone Number
located at _____
Address City County State WV Permit Number
for a period of _____, (minimum of 108 days), beginning _____ and ending on _____
Days Month Day Year Month Day Year
(minimum of 6 months required)

PLEASE CHECK APPROPRIATE AREAS BELOW: MY EXPERIENCE WITH THIS COMPANY WAS:

- | | |
|----------------------------|---|
| A () In West Virginia | C () Underground Mine |
| B () Out of West Virginia | D () Surface Mine |
| | E () Surface / Operating Similar Equipment |

PLEASE NOTE: IF YOU CHECKED "E," YOU MUST COMPLETE THE BACK SIDE OF THIS FORM AND YOU MUST POSSESS A WEST VIRGINIA SURFACE APPRENTICESHIP CERTIFICATE. IF YOU CHECKED "B" AND EITHER "C" OR "D" ABOVE YOU MUST ATTACH A COPY OF YOUR FIRST-AID TRAINING CERTIFICATE (FORM 5000-23).

Company Official Printed Name and Title	Telephone	Company Official Signature	Date
Company Official Mailing Address		City	County State Zip Code
State of _____		County of _____	
I, _____, a Notary Public do hereby certify that the individual signed the writing above			
attesting that it is a true statement. Signed before me this _____ day of _____, 20_____			
(Notary Stamp/Seal Required)		_____ Notary Public Signature	
My commission expires: _____			

§22A-2-12(a) The WV Office of Miners' Health, Safety and Training shall prescribe and establish a course of instruction in mine safety and particularly in dangers incident to employment in mines and in mining laws and rules, which course of instruction shall be successfully completed within 12 weeks after any person is first employed as a miner.

§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.

Applicant Signature

Date



(PLEASE BE SPECIFIC)

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

[illegible]

Test Fees Collected: Amount: _____ Date _____ Receipt # _____ Book # _____

Date Exam(s) Given: _____ Test Score(s) _____

Certification number Issued must also be placed at top right space provided on the front of this document.