



State of West Virginia
Office of Miners' Health, Safety and Training
7 Players Club Drive – Suite 2
Charleston, WV 25311-1626
Telephone: 304-558-1425 Fax: 304-558-1282
minesafety.wv.gov

APP - 32
REVISED 1/2024

For Office Use Only
Certification # Issued _____
Date Issued _____
5000-23 _____

SAFETY SENSITIVE PERSONNEL DOCUMENT

THIS DOCUMENT IS TO BE COMPLETED AND SIGNED BY A COMPANY OFFICIAL. PLEASE TYPE OR PRINT FORM IN ITS ENTIRETY.
(WHERE APPLICABLE)

This is to certify that _____
Last First MI SSN # Date of Birth
now residing at _____
Home Address City State Zip Telephone Number
is employed by _____
Company Name Mine Name Telephone Number
From _____ to _____
(Month/Day/Year) (Month/Day/Year)
located at _____
Address City County State Zip Code WV Permit #

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT

Company Official Printed Name and Title _____ Company Official Signature _____ Date _____
Company Official Mailing Address _____ City _____ County _____ State _____ Zip Code _____ Telephone _____

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)

My commission expires: _____ Notary Public Signature _____

§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) month, or both, fined and imprisoned.

Applicant Signature _____ Date _____ Approved by (WVOMHST) _____ Approval Date _____

FOR OFFICE USE ONLY:

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