



Shaft & Slope Shot Firer Examiner Number: _____

Date Issued: _____

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

OFFICIAL SHAFT & SLOPE SHOT FIRER EXPERIENCE DOCUMENT

Section 1

Name (Print) _____

Last

First

Middle

Address _____

Street or Box

City

State

Zip

Social Security Number (last four digits) _____ Mine Foreman Certificate Number (if applicable) _____

Total years shaft & slope experience _____ years. (Note: Minimum Two (2) years shaft & slope experience required.)

Present Occupation: _____

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

Date _____

Signature of Applicant _____

Section 2 Mining Experience: (Note: Minimum Two (2) years underground experience required.)

	Company Name (s)	Mine Name	Company Address	Duties	Years and Months Worked	Sheet #
1.					Years: _____ Months: _____	
2.					Years: _____ Months: _____	

(use additional sheets as necessary to document experience.)

SIGNATURE OF COMPANY OFFICIAL MUST BE NOTARIZED

Section 3

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

Date _____

Signature of Company Official _____

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

State of _____, this _____ day of _____, 20____.

Notary Public _____

(Notary Seal)

My Commission Expires _____

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.

Approval Date _____

Approved by (WVMHST) _____

NOTE: Attach a copy of your First Aid Training Document. Minimum of five (5) hours per two (2) years training required.