

DO NOT WRITE IN THIS SPACE

Shot Firer Ex	aminer 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

	OFFICIA	L SHUT FIRER E	EXPERIENC	E DUCUMEN I		
Section 1						
Name (Print)					NC 1 11	
	Last Address		rst		Middle	
Street or Box	K		City	State	Zip	
Social Security Number (last four digits) _	v	VV Miners Certifi	cate No		
Mine Foreman Certificat	e Number (if app	licable)				
Total years mining expe	rience:	years. (Note: Minii	mum Two (2) yea	ars underground exper	ience required.)	
Section 2 Mining Ex	perience: (Note	e: Minimum Two (2) yo	ears undergroun	d experience required	.)	
Company Name(s)	Mine Name	Company Address	5 Duties	Years and Months Worked	Sheet Number	
1.				Years		
2.				77		
2.				Months	•	
THEREBY CERTIFY THAT Date	THE ABOVE STAT —	Signature of Compa			_	
Subscribed and swor	n before me, a Nota	ary Public in and for	•	County,		
				, 20		
State of		ua ua	ly 01	, 20		
Notary Public					(Notary Seal)	
My Commission Expi	res					
22A-1-21(d): Whoever kno document filed or required and upon conviction thereo imprisoned.	to be maintained	pursuant to this law or a	ny order or decisio	on issued under this shall	be guilty of a misdeme	
Date		Signature of Applica	nt			
Approval Date		Approved by (WVMI	HST)			
NOTE: Annlicant must be	ava minan aantifi	eation gord and photo l	(D			