

Complete Sections 1-4

Registration No.	
Certification No.	
Classification	
Date issued	

State of West Virginia Office of Miners' Health, Safety and Training

7 Players Club Drive – Suite 2 Charleston, WV 25311-2126 minesafety.wv.gov

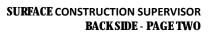
T (
Date approved:	

SURFACE CONSTRUCTION SUPERVISOR APPLICATION

Section 1				
Name:				
Last		First		Middle
Address: Street or Box		City	State Zi ₁	o Phone
		City	2.1	2 110110
Date of Birth://				
Social Security Number (last fo	our digits):			
	SURF	ACE CONSTR	RUCTION EXPERIENCE	
Section 2			If additional space is needed us	e separate sheet of paper
		Years of		
Company and Mine Name	Address	Experience	Dates of Employment	Duties
1)			Month Day Year to Month Day Year	_
2)				I
2)			Month Day Year to Month Day Yea	_ r
3)			/ / to//	_
			Month Day Year Month Day Yea	r
4)			/ to//	
			Month Day Year Month Day Yea	r
Date			Signature of Applicant	
Section 3			-	
Subscribed and gream before m	o a Natawy Bublic :	n and fan	County State of	
Subscribed and sworn before me, a Notary Public in and for		County, state of		
this day of	, 20	·		
			Notary Public	
My commission expires:				

Return completed form to the nearest West Virginia Office of Miners' Health safety and Training Regional Office or to the Regional Office where you plan to take the examination.

22A-2-21(d) Whoever knowingly makes any false statement, representation, or certification in any application, record, report, planor other documents filed or required to be maintained pursuant to this law or any other or decision issued under this law shall be guilty of a misdemeanor, and, upon conviction there of, shall be fined not more than \$ 5,000.00 or imprisoned in the county jail not more than six month, or both fined and imprisoned.





Section 4 - To be completed by company official verifying mining experience

This is to certify that has had	_ years and/ormonths of surface construction experience with this	
company, of which months were on or at a working section.		
Coal Company / Mine	Signature of Company Official	
Employment Dates:/ to/ Month Day Year Month Day Year	Printed Name/Title of Co. Official certifying experience	
State of	Telephone Number	
County of		
	day of, 20	
(Notary Seal)	Signature of Notary Public	
This is to certify that has had company, of which months were on or at a working section.	_ years and/ormonths of surface construction experience with this	
Coal Company / Mine	Signature of Company Official	
Employment Dates:/to/ Month/ Day/ Year Month/ Day/ Year	Printed Name/Title of Co. Official certifying experience	
State of	Telephone Number	
	day of	
(Notary Seal)	Signature of Notary Public	
This is to certify that has had company, of which months were on or at a working section.	years and/ormonths of surface construction experience with this	
Coal Company / Mine	Signature of Company Official	
Employment Dates:/to/ Month/ Day/ Year Month/ Day/ Year	Printed Name/Title of Co. Official certifying experience Telephone Number	
State of	relephone Number	
County ofSubscribed and sworn before me, a Notary Public this _	day of, 20	
My commission expires		
(Notary Seal)	Signature of Notary Public	