

ATTACH RECENT PHOTOGRAPH



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

APP - Sur-11 Upgrade/Change
REVISED 1/2024
FRONT SIDE -PAGE ONE

Number _____
Date _____
APPROVED BY: _____
DATE APPROVED: _____

Complete Sections 1-4 REQUEST FOR CERTIFICATION CHANGE / UPGRADE SURFACE MINE FOREMAN

Section 1

Name _____
Last First Middle
Address _____
Street / P. O. Box City State Zip
Home Telephone Number: _____ Date of Birth ____/____/____
Month Day Year
SSN (Last four Digits) _____ WV Coal Miners certificate number _____
CURRENT CLASSIFICATION _____ Assistant Mine Foreman Certification Number _____
Total surface experience _____ Years (Show dates of employment in Section 2 below)
Are you a graduate of an accredited mining engineering school? _____
Name of school _____ Degree _____ Yes (attach copy) _____ No

Section 2

If additional space is needed use separate sheet of paper

Surface Coal Mining Experience

Company and Mine Name	Address	Experience	Dates of Employment	Duties
1)			____/____/____ to ____/____/____ Month/Day/Year Month/Day/Year	
2)			____/____/____ to ____/____/____ Month/Day/Year Month/Day/Year	
3)			____/____/____ to ____/____/____ Month/Day/Year Month/Day/Year	
4)			____/____/____ to ____/____/____ Month/Day/Year Month/Day/Year	

Date Signature of Applicant

Section 3

State of _____
County of _____
Subscribed and sworn before me, a Notary Public this _____ day of _____, 20 ____.
My commission expires _____
(Notary Seal) _____
Signature of Notary Public

22A-2-21(d) Whoever knowingly makes any false statement, representation, or certification in any application, record, report, plan or other document 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 thereof, shall be fined not more than \$5,000.00 or imprisoned in the county jail not more than six months, 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/or _____ months of surface coal mining 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

Telephone Number

State of _____

County of _____

Subscribed and sworn before me, a Notary Public this _____ day of _____, 20 ____.

My commission expires _____

(Notary Seal)

Signature of Notary Public

This is to certify that _____ has had _____ years and/or _____ months of surface coal mining 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

Telephone Number

State of _____

County of _____

Subscribed and sworn before me, a Notary Public this _____ day of _____, 20 ____.

My commission expires _____

(Notary Seal)

Signature of Notary Public

This is to certify that _____ has had _____ years and/or _____ months of surface coal mining 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

Telephone Number

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Signature of Notary Public