

Attach recent photograph



State of West Virginia
Office of Miners' Health, Safety and Training
 # 7 Players Club Drive – Suite 2
 Charleston, WV 25311-2126
minesafety.wv.gov

Registration No. _____
 Certification No. _____
 Classification _____
 Date issued _____

Approved by: _____

Date approved: _____

SURFACE MINE FOREMAN EXAMINATION APPLICATION

Complete Sections 1-4

Section 1

Name: _____

Last

First

Middle

Address: _____

Street or Box

City

State

Zip

Phone

Date of Birth: ____/____/____ Soc. Sec. No. (last 4 digits): _____ WV Miners Certificate No.: _____

Total surface experience _____ years.

Working pit experience _____ months.

Are you a graduate of an accredited mining engineering school? yes/no _____. If yes attach a copy of your degree to this application.

SURFACE EXPERIENCE

Section 2

If additional space is needed use separate sheet of paper

Company and Mine Name	Address	Years of 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

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.

- **Region One** • 14 Commerce Drive, Suite 1, Westover West Virginia 26501 • Telephone 304-285-3268 • Fax 304-285-3275
- **Region Two** • 830 Virginia Avenue, Welch, West Virginia 24801-2311 • Telephone 304-436-8421 • Fax 304-436-2100
- **Region Three** • 431 Running Right Way, Julian, West Virginia 25529 • Telephone 304-369-7823 • Fax 304-369-7826
- **Region Four** • 337 Industrial Drive, Oak Hill, West Virginia 25901-9714 • Telephone 304-469-8100 • Fax 304-469-4059

**SURFACE MINE FOREMAN APPLICATION
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22A-2-21(d) Whoever knowingly makes any false statement, representation, or certification in any application, record, report, plan or 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 thereof, 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/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 _____

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 _____