

***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](http://minesafety.wv.gov)

Number \_\_\_\_\_  
 Date \_\_\_\_\_  
 APPROVED BY: \_\_\_\_\_  
 DATE APPROVED: \_\_\_\_\_

***Complete Sections 1-4* REQUEST FOR CERTIFICATION CHANGE / UPGRADE UNDERGROUND 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 underground 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

## Underground Coal Mining Experience

Company Name	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 underground 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 underground 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 underground 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