

(Notary Seal)

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

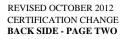
#7 Players Club Drive - Suite 2 Charleston, West Virginia 25311-1626 minesafety.wv.gov

Number	
Date	
APPROVED BY:	
DATE APPROVED:	
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 ____ Years (Show dates of employment in Section 2 below) Total underground experience ___ Are you a graduate of an accredited mining engineering school? _ ____ Degree _____ Yes (attach copy) _____ No Name of school _ If additional space is needed use separate sheet of paper Section 2 **Underground Coal Mining Experience** Company Name Mine Name Address Experience Dates of Employment Duties /__ to __/_/ 1) Month/Day/Year Month/Day/Year /___ to ___ 2) Month/Day/Year Month/Day/Year 3) / / to / / Month/Day/Year Month/Day/Year / / 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 ____ , 20 ____ . My commission expires ____

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.

Signature of Notary Public





 $\underline{\text{Section 4}}$ - 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	ch months were on o	or at a working section.	
Coal Company / Mine		Signature of Company Officia	<u> </u>
Employment Dates: / / Month/ Day/ You	ear to / / Month/ Day/ Year	Printed Name/Title of Co. Off	icial certifying experience
State of		Telephone Number	
County of			
	and sworn before me, a Notary Public thi sion expires		
(Notary Seal)		Signature of Notary Public	
This is to certify that	has had		months of underground coal mining
experience with this company, of whice			
Coal Company / Mine	-	Signature of Company Officia	1
Employment Dates: / / <u>Month/ Day/ Ye</u>		Printed Name/Title of Co. Off	icial certifying experience
State of		Telephone Number	
	and sworn before me, a Notary Public thi		
(Notary Seal)		Signature of Notary Public	
This is to certify that experience with this company, of which			months of underground coal mining
Coal Company / Mine		Signature of Company Officia	I
Employment Dates: / / Month/ Day/ Ye	ear Month/ Day/ Year	Printed Name/Title of Co. Off	icial certifying experience
State of		Telephone Number	
County of			
	and sworn before me, a Notary Public th		, 20
(Notary Seal)		Signature of Notary Public	
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