

**APPLICATION FOR EXAMINATION:  
UNDERGROUND COAL MINE INSPECTOR**

**MINIMUM APPLICATION REQUIREMENTS:**

1. A citizen of West Virginia, in good health, not less than twenty-four (24) years old, of **good character and reputation, and of temperate habits**; and,
2. A person who has had practical experience with dangerous gases found in coal mines;
3. A person who has a good theoretical and practical knowledge of underground mines, mining methods, mine ventilation, sound safety practices and applicable mining laws and rules.
4. A person who has had at least five (5) years of practical experience in coal mines, at least two (2) years of which have been in mines in this state: Provided that graduation and a four (4) year degree from any accredited college of mining engineering may be considered the equivalent of two years of practical experience.
5. Must have a valid West Virginia driver's license.

If you meet these minimum requirements, **you must attach official documentation from your employer(s) detailing your years of underground coal mining experience and the occupation(s) or classification(s) at which you were employed**, beginning with your current employer and position (or your most recent employer and position if you are not currently employed in the underground coal mining industry).

Mail the properly completed paperwork and **notarized** application to the following address:

**Board of Coal Mine Health & Safety  
106 Dee Drive  
Charleston, West Virginia 25311  
ATTN: Mallory Yates**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Valid WV Driver's License Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Physical Address (if different from above): \_\_\_\_\_

Current Telephone Number: (     ) \_\_\_\_\_

How long have you resided at this address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Previous Address: \_\_\_\_\_

How long did you reside at this address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

**Have you been convicted of a felony? \_\_\_\_Yes \_\_\_\_No. If yes, please explain:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

Did you receive a high school diploma or high school equivalency diploma (GED)? \_\_\_\_Yes\_\_\_\_No

Mark highest grade completed: \_\_1 \_\_2 \_\_3 \_\_4 \_\_5 \_\_6 \_\_7 \_\_8 \_\_9 \_\_10 \_\_11 \_\_12

<b>Additional Education:</b> All academic training, other than high school or GED, must be verified. Verification of academic training may be in the form of an <b>official transcript</b> , copy of <b>diploma</b> or <b>certificate</b> , or <b>written statement</b> from an authorized agency verifying possession of the necessary credentials							
School Name and Address	Field(s) of Study		Credit Hours		Dates of Attendance		Type of Degree
	Major	Minor	Sem.	Quar.	Mo/Yr.	Mo/Yr.	
College (Undergraduate)							
College (Graduate)							
Business, Vocational, or Technical School							
Additional Training, (Semesters, Military Trg., Workshops, Etc.)							

<b>Military Service:</b>	<b>Type of Discharge:</b>
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**APPLICANT INFORMATION**

**In the space below, list any related licenses and certificates. (Verification copies must be provided.)** If you have a **Commercial Driver’s License (CDL)**, enter your **License Number, CDL License Class, and Expiration Date.**

What permissible gas detecting instruments do you have experience in using?

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**REGIONAL OFFICES**

Select a <b>Region</b> in which you will definitely accept employment. Mark <b>ALL</b> regions only if you are willing to accept employment in any region and be willing to relocate							
<input type="checkbox"/>	<b>Region 1 Westover</b>	<input type="checkbox"/>	<b>Region 2 Welch</b>	<input type="checkbox"/>	<b>Region 3 Danville</b>	<input type="checkbox"/>	<b>Region 4 Oak Hill</b>
Barbour	Monongalia	McDowell	Boone	Braxton			
Berkeley	Morgan	Mercer	Cabell	Clay			
Brooke	Ohio	Monroe	Lincoln	Fayette			
Calhoun	Pendleton	Summers	Logan	Greenbrier			
Doddridge	Pleasants	Wyoming	Mason	Jackson			
Gilmer	Preston		Mingo	Kanawha			
Grant	Randolph		Putnam	Nicholas			
Hampshire	Richie		Wayne	Pocahontas			
Hancock	Taylor			Raleigh			
Hardy	Tucker			Roane			
Harrison	Tyler			Webster			
Jefferson	Upshur						
Lewis	Wetzel						
Marion	Wirt						
Marshall	Wood						
Mineral							
Mark only if available in <b>ALL</b> regions					<input type="checkbox"/>	<b>AN EQUAL OPPORTUNITY EMPLOYER</b>	

**Identification:** When reporting for an examination, you must present identification which includes a signature and/or picture (ex.: driver’s license, social security card, credit cards, and passport).

**Affirmation:** I certify under penalty of law and disqualification that all statements are true and complete. I authorize the WV Office of Miners’ Health, Safety and Training to conduct an inquiry into any job-related information contained in this application. I release the WV Office of Miners’ Health, Safety and Training from any and all liability by reason of the request for such information. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

You must attach official documentation from your employer(s) detailing your years of underground coal mining experience and the occupation(s) or classification(s) at which you were

**APPLICANT INFORMATION**

employed, beginning with your current employer and position (or your most recent employer and position if you are not currently employed in the underground coal mining industry).

Employer Name and Address		Employer Phone Number
Name of Supervisor	Your Title	Employment Dates From:                      To:
Detailed Description of Your Duties and Responsibilities		

Employer Name and Address		Employer Phone Number
Name of Supervisor	Your Title	Employment Dates From:                      To:
Detailed Description of Your Duties and Responsibilities		

Employer Name and Address	Employer Phone Number
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**APPLICANT INFORMATION**

Name of Supervisor	Your Title	Employment Dates From:                      To:

Employer Name and Address	Employer Phone Number	
Name of Supervisor	Your Title	Employment Dates From:                      To:

APPLICANT INFORMATION

AFFIDAVIT OF APPLICANT

I, \_\_\_\_\_, do hereby affirm that I am a resident of West Virginia. I currently have \_\_\_\_\_ years and \_\_\_\_\_ of practical underground coal mining experience, at least two (2) years of which have been in underground mines in this state;. I affirm that I am in good health and that the statements and information recorded in this application are true and accurate to the best of my knowledge. I agree that if an appointment to the position of underground coal mine inspector is offered and accepted, I will accept initial assignment or a later transfer to any location in the State of West Virginia as designated by the Director of the West Virginia Office of Miners' Health, Safety and Training, pursuant to § 22A-1-4(b)(3) of The West Virginia Code.

\_\_\_\_\_  
Applicant's Signature

STATE OF WEST VIRGINIA

COUNTY OF \_\_\_\_\_ TO WIT:

Acknowledged, subscribed and affirmed before me in my said county, this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_,

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**NOTE: If you are placed on the register for employment, you must indicate in writing annually (every year) as to your continued availability for employment. Failing to comply could result in your being removed from the register as per WV Code §22A-9-1(4).**