



State of West Virginia  
Office of Miners' Health, Safety and Training  
7 Players Club Drive - Suite 2  
Charleston, WV 25311-1626  
Telephone: 304-558-1425 Fax: 304-558-1282  
[minesafety.wv.gov](http://minesafety.wv.gov)

REVISED 04/2020  
For Office Use Only

Certification # Issued \_\_\_\_\_  
Date Issued \_\_\_\_\_  
5000-23 \_\_\_\_\_

## SAFETY SENSITIVE PERSONNEL DOCUMENT

THIS DOCUMENT IS TO BE COMPLETED AND SIGNED BY A COMPANY OFFICIAL. PLEASE TYPE OR PRINT FORM IN ITS ENTIRETY.  
(WHERE APPLICABLE)

This is to certify that \_\_\_\_\_  
Last First Middle Initial SSN # Date of Birth

now residing at \_\_\_\_\_  
Home Address City State Zip Code Telephone Number

is employed by \_\_\_\_\_  
Company Name Mine Name Telephone Number

From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

located at \_\_\_\_\_  
Address City County State Zip Code WV Permit Number

### I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT

\_\_\_\_\_  
Company Official Printed Name and Title Company Official Signature Date

\_\_\_\_\_  
Company Official Mailing Address City County State Zip Code Telephone

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public do hereby certify that the individual signed the writing above attesting that it is a true statement. Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Notary Stamp/Seal Required)

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

My commission expires: \_\_\_\_\_

**§22A-1-21(d) Whoever knowingly makes any false statements, representation, or certification in any application, record, plan, or other document filed or required to be maintained pursuant to this law or any order or decision 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 (6) month, or both, fined and imprisoned.**

\_\_\_\_\_  
Applicant Signature Date Approved by (WVOMHST) Approval Date

### FOR OFFICE USE ONLY:

Test Fees Collected: Amount: \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_ Book # \_\_\_\_\_