

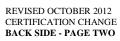
State of West Virginia Office of Miners' Health, Safety and Training

#7 Players Club Drive - Suite 2
Charleston, West Virginia 25311-1626
www.wvminesafety.org

Number	
Date	
APPROVED BY:	
DATE APPROVED:	

Complete Section	ons 1-4 REQUEST FOR CERT	TIFICATION CHAN	GE / UPGRADE UNDERGROU	ND MINE FOREMAN
Section 1				
Name				
	Last	First	Midd	dle
Address				
	Street / P. O. Box	City	State	Zip
Home Teleph	one Number:		,	_/
CCN (1 . C	D. I.)		Month Day Year	
	r Digits)		WV Coal Miners certificate numb	
	ASSIFICATION		Assistant Mine Foreman Certific	
	round experience		v dates of employment in Section 2 b	
Are you a gra	auate of an accredited mining eng	ineering school?		
Name of scho	ool		Degree Yes	(attach copy) No
Section 2			If additional space is needed use	e separate sheet of paper
		Underground C	oal Mining Experience	
Company and	Mine Name Address	Experience	Dates of Employment	Duties
1)			/ to/	
			Month/Day/Year Month/Day/	Year
2)			/_ to/	
			Month/Day/Year Month/Day/Y	ear
3)			/ / to / /	
			Month/Day/Year Month/Day/Y	ear
4)			/_/ to/	
			Month/Day/Year Month/Day/Y	
Date			Signature of Applicant	
Section 3				
State of				
	ihad and arrawa hafara was a Na	sam. Dublic state	dou of	20
		·	day of	
Му	commission expires			
(Notary Seal)				
, Down,			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	l coal mining
experience with this compa	ny, of which	month	s were on o	or at a working section.		
Coal Company / Mine			_	Signature of Company Official		
Employment Dates:	/1 	0/ Month/ Day/	<u>Year</u>	Printed Name/Title of Co. Offici	al certifying experience	
				Telephone Number		
State of						
County of	Subscribed and swo	rn before me, a Nota		s day of		
(Notary Seal)						
This is to certify thatexperience with this compa				years and/or or at a working section.	months of underground	I coal mining
Coal Company / Mine				Signature of Company Official		
Employment Dates:	/1 	0/ Month/ Day/	/ Year	Printed Name/Title of Co. Offici	al certifying experience	
				Telephone Number		
State of		=				
County of				s day of		
(Notary Seal)						
This is to certify that			has had	years and/or	months of underground	l coal mining
experience with this compa		month		or at a working section.		
Coal Company / Mine				Signature of Company Official		
Employment Dates:	/1 	O/ Month/ Day/	<u>Year</u>	Printed Name/Title of Co. Offici	al certifying experience	
State of				Telephone Number		
County of						
				is day of		
(Notary Seal)				Signature of Notary Public		
				•		