ATTACH RECENT PHOTOGRAPH



State of West Virginia

Office of Miners' Health, Safety and Training

#7 Players Club Drive Suite 2, Charleston, WV 25311-1626

www.wvminesafety.org

Apprentice Miner #	
Certificate # Issued	
Out-of-state #	State

First Aid Training Date

FOR OFFICE USE ONLY:

COAL MINER EXPERIENCE DOCUMENT

THIS DOCUMENT IS TO BE COMPLETED AND SIGNED BY A COMPANY OFFICIAL. PLEASE TYPE OR PRINT FORM IN ITS ENTIRETY. TESTING MAY BE DENIED IF THIS FORM IS NOT COMPLETED IN ITS ENTIRETY.

was employ residing at Home Address City State ZIP Code Telephone Number Company Name							This is to certify th
Home Address City State Telephone Number Telephone Pure Telephone Number Telephone Number Telephone Number Teleph	e Middle Initial Social Security Number	nitial	Middle I		First Name	Last Name	
Company Name Mine Name Telephone Number County State WV Permit Notary Public Signature	was employ			<u> </u>			now residing at
Address City County State WV Permit Notary Public Signature Month Day State WV Permit Notary Public Signature My commission expires: Month Day State WV Permit Notary Public Signature My commission expires: Month Day State WV Permit Notary Public Signature WV Permit Notary Permit Notary Permit Notary Permit Notary Permit Nota	State ZIP Code Telephone Number	ZIP Code		State	City	Home Address	
for a period of, (minimum of 108 days), beginning	Mine Name Telephone Number	Telephone		Vame	Mine N		Company Name
Days Month Day Year							located at
Days Month Day Year (minimum of 6 months required) PLEASE CHECK APPROPRIATE AREAS BELOW: MY EXPERIENCE WITH THIS COMPANY WAS: A () In West Virginia B () Out of West Virginia C () Underground Mine D () Surface Mine E () Surface Operating Similar Equipment PLEASE NOTE: IF YOU CHECKED "E," YOU MUST COMPLETE THE BACK SIDE OF THIS FORM AND YOU MUST POSSESS VIRGINIA SURFACE APPRENTICESHIP CERTIFICATE. IF YOU CHECKED "B" AND EITHER "C" OR "D" ABOVE YOU MUST A COPY OF YOUR FIRST-AID TRAINING CERTIFICATE (FORM 5000-23). Company Official Printed Name and Title Telephone Company Official Signature D Company Official Mailing Address City County State Zip Code State of County of I, , a Notary Public do hereby certify that the individual signed the writing attesting that it is a true statement. Signed before me this My commission expires: My commission expires:	City County State WV Permit Nun	County		City		Address	
(minimum of 6 months required) PLEASE CHECK APPROPRIATE AREAS BELOW: MY EXPERIENCE WITH THIS COMPANY WAS: A () In West Virginia	ningand ending on				um of 108 days), beginning _		for a period of
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attesting that it is a true statement. Signed before me this	County of	County of _					State of
(Notary Stamp/Seal Required) Notary Public Signature My commission expires:	, a Notary Public do hereby certify that the individual signed the writing a	do hereby certify the	ary Public	, a Not			I,
Notary Public Signature My commission expires:	this, 20		day of _		t. Signed before me this _	is a true statement. Sig	attesting that it is
My commission expires:						al Required)	(Notary Stamp/Sea
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922 A 1 21/3) TVI							
§22A-1-21(d) Whosoever knowingly makes any false statements, representation, or certification in any application, record, plan, or document filed or required to be maintained pursuant to this law or any order or decision under this law shall be guilty of a misdemeand							

imprisoned.

Applicant Signature	Date



PLEASE COMPLETE THIS SECTION IF YOU CHECKED "E" ON THE FRONT SIDE OF THIS FORM LIST SIMILAR SURFACE MINE HEAVY EQUPMENT OPERATED

(PLEASE BE SPECIFIC)

1.			6.		
2					
2			8.		
			10		
TYF	'E OF ENVIRO	NMENT WORKED S	IMILAR TO SURFACE M	INE OPERATION	
FOR OFFICE USE ONL	ΑΥ:				
Test Fees Collected: An	mount:	Date	Receipt #	Book #	
Reviewed by:				Region	
Printed Nar	ne				
Signature of Reviewer Require	red				
Date Reviewed:					
Date Exam(s) Given:		Tes	st Score(s)		
CERTIFICATION NUMBER	₹:				

Certification number Issued must also be placed at top right space provided on the front of this document