

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

FOR OFFICE USE ONLY:

Apprentice Miner #
Certificate # Issued
Out-of-state # State
First Aid Training Date

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.

This is to certify that [Name] [Social Security Number]
now residing at [Home Address] [City] [State] [ZIP Code] [Telephone Number] was employed by
[Company Name] [Mine Name] [Telephone Number]
located at [Address] [City] [County] [State] [WV Permit Number]
for a period of [Days] (minimum of 108 days), beginning [Month] [Day] [Year] and ending on [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 A WEST VIRGINIA SURFACE APPRENTICESHIP CERTIFICATE. IF YOU CHECKED "B" AND EITHER "C" OR "D" ABOVE YOU MUST ATTACH A COPY OF YOUR FIRST-AID TRAINING CERTIFICATE (FORM 5000-23).

Company Official Printed Name and Title Telephone Company Official Signature Date

Company Official Mailing Address City County State Zip Code

State of County of

I, [Name], 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] day of [Month], 20[Year].

(Notary Stamp/Seal Required) Notary Public Signature

My commission expires: [Date]

§22A-1-21(d) Whosoever 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) months, or both, fined and imprisoned.
Applicant Signature Date



**PLEASE COMPLETE THIS SECTION IF YOU CHECKED "E" ON THE FRONT SIDE OF THIS FORM**

**LIST SIMILAR SURFACE MINE HEAVY EQUIPMENT OPERATED**

**(PLEASE BE SPECIFIC)**

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

**TYPE OF ENVIRONMENT WORKED SIMILAR TO SURFACE MINE OPERATION**

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**FOR OFFICE USE ONLY:**

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

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Reviewed by: \_\_\_\_\_ Printed Name  
Region \_\_\_\_\_

Signature of Reviewer Required

Date Reviewed: \_\_\_\_\_

Date Exam(s) Given: \_\_\_\_\_ Test Score(s) \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_

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