

Application for Certification Examination Miner ID # _____

Applicants for certification must complete this form. Type or print the information in black ink and pay the non-refundable fee with a certified check, cashier's check or money order made payable to the Treasurer of Virginia. Cash will be accepted if paid in person. Submit the application and fee to Coal Mine Safety (CMS) at least five working days prior to the date of examination.

1. Full Name _____

2. Address _____
 Street or P.O. Box City State Zip Code

3. Date of Birth _____ **Home Phone No.** () _____
 Month/Day/Year

4. Total years employed at a coal mine: _____
 Underground Surface

5. List your current (or most recent) mining experience

Company Name _____

Address _____
 Street or P. O. Box City State

Job Title _____ **From** _____ **To** _____
 Month/Day/Year Month/Day/Year

6. Attach copies of the required documentation needed for each certification.

7. Examination Requested (Check One)

- | | | |
|--|--|---|
| <input type="checkbox"/> Advanced first aid
<input type="checkbox"/> KY Reciprocity
<input type="checkbox"/> WV Reciprocity | <input type="checkbox"/> Automatic elevator operator | <input type="checkbox"/> Blaster endorsement-MLR (no fee) |
| <input type="checkbox"/> Chief electrician (sur/UG or sur) | <input type="checkbox"/> Diesel engine mechanic instructor | <input type="checkbox"/> Dock foreman |
| <input type="checkbox"/> Electrical maintenance foreman (sur/UG or surface) | <input type="checkbox"/> Advanced first aid instructor | <input type="checkbox"/> First class mine foreman
<input type="checkbox"/> WV Reciprocity
<input type="checkbox"/> KY Reciprocity |
| <input type="checkbox"/> General coal miner
<input type="checkbox"/> Surface (strip, auger, truck drivers)
<input type="checkbox"/> Underground (underground) | <input type="checkbox"/> First class shaft or slope foreman | <input type="checkbox"/> Gas detection qualification (no fee) |
| <input type="checkbox"/> Mine Inspector
<input type="checkbox"/> Underground
<input type="checkbox"/> Surface | <input type="checkbox"/> Hoisting Engineer | <input type="checkbox"/> Instructor - BCME* |
| <input type="checkbox"/> Surface facilities foreman for shops, labs, warehouses and clear cutting operations | <input type="checkbox"/> Electrical reinstatement MSHA | <input type="checkbox"/> Preparation Plant Foreman |
| <input type="checkbox"/> Underground diesel engine mechanic | <input type="checkbox"/> Surface blaster
<input type="checkbox"/> WV Reciprocity | <input type="checkbox"/> Electrical repairman Surface
<input type="checkbox"/> KY Reciprocity
<input type="checkbox"/> WV Reciprocity
<input type="checkbox"/> Conversion to Electrical Repairman Underground |
| | <input type="checkbox"/> Surface foreman
<input type="checkbox"/> WV Reciprocity
<input type="checkbox"/> KY Reciprocity | <input type="checkbox"/> Top person |
| | <input type="checkbox"/> Underground electrical repairman
<input type="checkbox"/> KY Reciprocity
<input type="checkbox"/> WV Reciprocity | <input type="checkbox"/> Underground shot firer |

I hereby certify that the above answers are true to the best of my knowledge and belief; that I have no outstanding personal violation in another state and understand disciplinary actions taken against mining certifications, for any reason will be shared with other reciprocating coal program states and Federal mining agencies. I understand it is my responsibility to immediately notify Coal Mine Safety (CMS) any mailing address change.

Signed _____ **Date** _____