



Coal Mine Safety Program
3405 Mountain Empire Road
Big Stone Gap, VA 24219
(276) 523-8225

Verification of Training Completed for General Coal Miner Certification

Type or print this form in black ink and submit the non-refundable fee to the **Board of Coal Mining Examiners** in the form of a certified check, cashier's check, or money order made payable to the **Treasurer of Virginia**. Cash will be accepted if paid in person at a Virginia Energy office.

1. Full Name _____ Date of Birth _____

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

3. Home Phone No. (____) _____ Date of Employment _____

4. Employer Company Name _____ Mine Name _____
Address _____
Street or P.O. Box _____ City _____ State _____ Zip Code _____

5. Job title/description of job duties _____

6. I received training in first aid and Virginia's coal mining law and regulations on _____ or I have
attached a copy of my valid first aid card. _____
Date or Dates

I hereby certify that the above answers are true to the best of my knowledge and belief. 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 the Board of Coal Mining Examiners of any mailing address change.

Signed _____ Date _____
Signature of applicant for certification

I hereby certify to the CMS that the training I provided to the applicant set forth above meets the requirements of Virginia Code §45.2.530 and the Virginia Administrative Code 4 VAC 25-20, and the applicant has satisfactorily demonstrated to me the required knowledge of first aid practices and the mine safety laws of Virginia.

Name printed and signed _____
Certified foreman or instructor approved by CMS providing training

Cert. No. _____

Name printed and signed when the applicant is hired _____
Mine operator employing applicant