

**Application for Mine Officials Certification**

**READ BEFORE ATTEMPTING TO COMPLETE THIS APPLICATION:** After you have (a) answered questions 1-5, (b) had three persons complete the mine officials' competency and verification page (question 6), and (c) obtained notarized statements from each of the mines at which you have worked (question 7), then **sign your name at the bottom of each page of the application and complete the affidavit on the last page in the presence of a notary public.**  
**\$100 non-refundable fee (money order or certified bank check only) due with application.**

1. Fill in all appropriate boxes: MIIN NUMBER (MSHA INDIVIDUAL ID NUMBER) **DO NOT OMIT** \_\_\_\_\_  
 BMOCC Card No. (After April 2009, if applicant does not already possess a mine official certification) **OR** Gas Detection Card No. (if applicant possesses a mine official certification prior to April 2009) \_\_\_\_\_

**CHECK ONLY ONE**

- Bituminous  Mine Foreman/Assistant Mine Foreman  Mine Examiner  Mine Electrician

2. Name \_\_\_\_\_ Social Security No. (last four) xxx-xx- \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 City State Zip Code City State

Email address \_\_\_\_\_

Phone (include area code) \_\_\_\_\_ Are you a citizen of the U.S.? \_\_\_\_\_

Number of years experience in underground bituminous coal mines \_\_\_\_\_

Number of years experience in working sections \_\_\_\_\_

Current employer \_\_\_\_\_

Employer's address \_\_\_\_\_

Mine presently employed at \_\_\_\_\_

3. Have you ever had a mine official certification revoked in the past? Yes  No

4. Qualifying Education: (if necessary, complete on additional sheet)

Degree (attach copy)	Date Obtained	School	Total Credit Hours	Major
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5. List prior Certificates Obtained from the Commonwealth of Pennsylvania

Type of Certificate	Date Received	Certificate No.	Final 2-Wk certification date
a. <b>Miners Certificate</b>			N/A
b. <b>Machine Runners</b>			N/A
c. <b>Mine Examiner</b>			
d. <b>Assistant/Mine Foreman</b>			
e. <b>Electrician</b>			
f. <b>If a certificate is from another state, include a copy with your application</b>			

Signature of Applicant \_\_\_\_\_

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**MINE OFFICIALS' COMPETENCY VERIFICATION -- fill out entire page.**

6. Have the superintendent, mine foreman, mine electrician, or other certified mine official, complete and sign this page.

a. I, \_\_\_\_\_, have known the applicant \_\_\_\_\_  
(name) (name of applicant)

for \_\_\_\_\_ years, and, by my signature, I certify the applicant is a person competent  
(number)

to serve as a mine official in the Commonwealth.

\_\_\_\_\_  
(signature of person certifying competency and qualifications)

My occupation is \_\_\_\_\_ and my address  
is \_\_\_\_\_

b. I, \_\_\_\_\_, have known the applicant \_\_\_\_\_  
(name) (name of applicant)

for \_\_\_\_\_ years, and, by my signature, I certify that the applicant is a person competent  
(number)

to serve as a mine official in the Commonwealth.

\_\_\_\_\_  
(signature of person competency and qualifications)

My occupation is \_\_\_\_\_ and my address  
is \_\_\_\_\_

c. I, \_\_\_\_\_, have known the applicant \_\_\_\_\_  
(name) (name of applicant)

for \_\_\_\_\_ years, and, by my signature, I certify that the applicant is a person competent  
(number)

to serve as a mine official in the Commonwealth.

\_\_\_\_\_  
(signature of person certifying competency and qualifications)

My occupation is \_\_\_\_\_ and my address  
is \_\_\_\_\_

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Signature of Applicant \_\_\_\_\_

7. Identify the work experience that establishes your eligibility to take the test for which you are applying. Answer the following questions about each position in which you worked to acquire the required experience. See the instructions for calculating eligibility which are included with this application package. **Make copies of this page if more space is needed.**

**Job Title:** \_\_\_\_\_

**Mine Operator:** \_\_\_\_\_

**Name of Mine:** \_\_\_\_\_

Date (Month/Day/Year) on which you began work in this position: \_\_\_\_\_

Date (Month/Day/Year) on which you ceased work in this position: \_\_\_\_\_

Description of your job duties in this position: \_\_\_\_\_

Did you work within 1,000 feet of the face in this position: Yes  No

How many days did you work within 1,000 feet of the face in this position? \_\_\_\_\_

Were you absent from working underground during this time period for reasons such as illness, injury, layoffs, education, military service, or temporary assignment to surface activities? Yes  No

How many days? \_\_\_\_\_ For what reason(s): \_\_\_\_\_

Who was your immediate supervisor in this position? \_\_\_\_\_

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**Mine Operator:** \_\_\_\_\_

**Name of Mine:** \_\_\_\_\_

Date (Month/Day/Year) on which you began work in this position: \_\_\_\_\_

Date (Month/Day/Year) on which you ceased work in this position: \_\_\_\_\_

Description of your job duties in this position: \_\_\_\_\_

Did you work within 1,000 feet of the face in this position: Yes  No

How many days did you work within 1,000 feet of the face in this position? \_\_\_\_\_

Were you absent from working underground during this time period for reasons such as illness, injury, layoffs, education, military service, or temporary assignment to surface activities? Yes  No

How many days? \_\_\_\_\_ For what reason(s): \_\_\_\_\_

Who was your immediate supervisor in this position? \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**Employer's Verification of Work Experience**  
**Make additional copies of this page if more than one verification is needed**

Commonwealth of Pennsylvania

County of \_\_\_\_\_)      SS

\_\_\_\_\_, being duly sworn, deposes and says:

- (a) that he/ she is or was an official at \_\_\_\_\_;  
(Name of Mine)
- (b) that he/ she has reviewed the information provided by the applicant;
- (c) that he/ she **either** has personal knowledge about the applicant's claims about work experience at this mine **or** has compared the applicant's claims about work experience at this mine with the records of that employer; and
- (d) that the information about the applicant's work experience reflected in this application is true and accurate.

\_\_\_\_\_ (Signature of verifying official)

\_\_\_\_\_ (Position at Mine)

Signed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_ (Notary Public)

\_\_\_\_\_ (Signature of Applicant)

**Applicant's Verification**

Commonwealth of Pennsylvania )

County of \_\_\_\_\_) SS

\_\_\_\_\_, being duly sworn, deposes and says:

- (a) that he/ she has read, understood and followed the instructions for completing this application;
- (b) that this application consists of \_\_\_\_\_ (number) of pages;
- (c) that the statements and information provided in this application are true, complete, and correct; and
- (d) that it is his/ her intent that the statements and information being provided by this application will be relied upon by the public officials reviewing this application.

\_\_\_\_\_ (Signature of Applicant)

Signed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_ (Notary Public)