

Application for Bituminous 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. MIIN NUMBER (MSHA INDIVIDUAL ID NUMBER) DO NOT OMIT _____
- BMOCC Card No. (After 4/2009, If applicant does not already possess a mine official certification) _____
- Gas Detection Card No. (If applicant possesses a mine official certification prior to 4/2009) _____

CHECK ONLY ONE:

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

- 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 _____ Mine presently employed at _____
- Employer's Address _____

- 3. Have you ever had a mine official certification revoked in the Commonwealth or another state in the past? Yes No

a. If so, what type of certification was revoked and what was the length of the revocation?

- 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
a. <u>Miners Certificate</u>			N/A
b. <u>Machine Runners</u>			N/A
c. <u>Mine Examiner</u>			
d. <u>Assistant/Mine Foreman</u>			
e. <u>Electrician</u>			
f. <u>If you are certified in another state, please provide copies of those certificates with your application.</u>			

Signature of Applicant _____ Date: _____

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 certifying 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 _____

Signature of Applicant _____ Date: _____

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? _____

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? _____

Signature of Applicant _____ Date: _____

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)