

Attach recent photograph



State of West Virginia
Office of Miners' Health, Safety and Training
7 Players Club Drive, Suite 2
Charleston, WV 25311-2126
www.wvminesafety.org

DO NOT WRITE IN THIS SPACE REVISED 07-2019

Registration No.: _____
Certification No.: _____
Classification: _____
Date Issued: _____
Approved By: _____
Date Approved: _____

Complete Sections 1-4

**RAISED BORE / BLIND DRILLING SUPERINTENDENT EXAMINER FOREMAN AND
RAISED BORE / BLIND DRILLING EXAMINER FOREMAN APPLICATION**

Section 1

Name
Last First Middle

Address
Street or PO City State Phone Number

Date of Birth: / / SSN (Last 4 Digits) WV Miners Certificate No.

Total shaft experience years months.
(Show dates of employment in Section 2 below)

Are you a graduate of an accredited mining engineering school? Yes/No. If yes, attach a copy of your degree to this application.

Section 2

If additional space is needed use separate sheet of paper

SHAFT EXPERIENCE

Company Name	Mine Name	Address	Years of Experience	Dates of Employment			Duties
				Month/Day/Year	Month/Day/Year	Month/Day/Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date

Signature of Applicant

Section 3

State of _____
County of _____

Subscribed and sworn before me, a Notary Public this _____ day of _____, 20____

My commission expires _____

(Notary Seal)

Signature of Notary Public

22A-2-21(d) Whoever knowingly makes any false statement, representation, or certification in any application, record, report, plan or other document filed or required to be maintained pursuant to this law or any other or decision issued 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 months, or both fined and imprisoned.

Section 4 - To be completed by company official verifying mining experience

This is to certify that has had years and/or months of shaft experience with this company.

Company Name

Title of Company Official Certifying Experience

Mine Name(s)

Print Name of Company Official Certifying Experience

Employment Dates: / / to / /

Signature of Company Official Certifying Experience

Telephone Number

State of _____

County of _____

Subscribed and sworn before me, a Notary Public this _____ day of _____, 20____

My commission expires _____

(Notary Seal)

Signature of Notary Public

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