



Attach recent photograph

DO NOT WRITE IN THIS SPACE

Shot Firer Examiner Number: _____

Date Issued: _____

State of West Virginia
Office of Miners' Health, Safety and Training
7 Players Club Drive - Suite 2
Charleston, WV 25311-1626
www.wvminesafety.org

OFFICIAL SHOT FIRER EXPERIENCE DOCUMENT

Section 1

Name (Print) _____

Address _____
Last First Middle
Street or Box City State Zip

Social Security Number (last four digits) _____ WV Miners Certificate No. _____

Mine Foreman Certificate Number (if applicable) _____

Total years mining experience: _____ years. (Note: Minimum Two (2) years underground experience required.)

Section 2 Mining Experience: (Note: Minimum Two (2) years underground experience required.)

Company Name(s)	Mine Name	Company Address	Duties	Years and Months Worked	Sheet Number
1.				Years _____ Months _____	
2.				Years _____ Months _____	

(use additional sheets as necessary to document experience.)

SIGNATURE OF COMPANY OFFICIAL MUST BE NOTARIZED

SECTION 3

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT,

Date Signature of Company Official

Subscribed and sworn before me, a Notary Public in and for _____ County,

State of _____, this _____ day of _____, 20_____.

Notary Public

(Notary Seal)

My Commission Expires _____

22A-1-21(d): Whoever knowingly makes any false statements, representation, or certification in any application, record, report, plan or other document filed or required to be maintained pursuant to this law or any order or decision issued under this 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 6 months, or both fined and imprisoned.

Date Signature of Applicant

Approval Date Approved by (WVMHST)

NOTE: Applicant must have miner certification card and photo ID.