

Attach recent photograph



DO NOT WRITE IN THIS SPACE

Date Issued: _____

Expiration Date: _____

**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 GAS TESTING INSTRUCTOR EXPERIENCE DOCUMENT

Name (Print) _____
Last First Middle

Address _____
Street or Box City State Zip

Social Security Number: _____ WV Miners Certificate No _____

West Virginia Mine Foreman Certification No. (Required) _____

Total Years Mining Experience _____ year

Present Occupation: _____

Present Employer: _____

Address _____ City State Zip

Mine Name or Number: _____

Previous Employer: _____

Address _____ City State Zip

Mine Name or Number: _____

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

Date

Signature of Applicant

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.

Approval Date

Approved by (WV OMHST)

Region