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 __________

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   a. If so, what type of certification was revoked and what was the length of the revocation?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

5. List prior Certificates Obtained from the Commonwealth of Pennsylvania

   Type of Certificate Date Received Certificate No. Final 2-Wk certification

   a. Miners Certificate ________________________________ N/A

   b. Machine Runners ________________________________ N/A

   c. Mine Examiner ________________________________

   d. Assistant/Mine Foreman ________________________________

   e. Electrician ________________________________

   f. If you are certified in another state, please provide copies of those certificates with your application.

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:________________________
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

______________________________
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)