APPLICATION FOR ANTHRACITE BLASTER’S COMPETENCY TEST

Name ________________________________ MIIN (MSHA Individual I.D. #) Number ____________ Age _____

Address ________________________________ Phone (Include area code) ________________

Place of Birth __________________________ Date of Birth __________________________

Company ____________________________________________________________

Mine ________________________________

Days of Service From _____ To _____

Duties ________________________________________________________________

___ ________________________________
Signature of Mine Superintendent

___ ________________________________
Signature of Mine Foreman

I do solemnly swear (or affirm) that this application and any attachments contain no misrepresentation or falsification, omission or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief.

___________________________
Signature of Applicant (in ink)

Taken, sworn and subscribed before me, this

N O T A R Y

______ day of __________________________ A. D. 20 ______

SEAL

NOTE:

I understand that any false statements made herein are subject to the penalties of PA CS Section 4904, relating to unsworn falsification to authorities.