## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF MINE SAFETY

## **APPLICATION FOR SHOT-FIRER'S CERTIFICATION**

Name:	Social Security No.:	
	XXX – XX -	
(last) (first) (mi)		
Date of Birth:	Home Phone:	
/ /	Area Code ( ) -	
Address:		
Company Where Employed:		
Mine Where Employed:		
Work Phone:		
Area Code ( ) -		
Pennsylvania Miners Certification Number:		
Pennsylvania Mine Official Certification:		
Туре: _	Cert. No	
Т	Cert. No	
Type: _	Ceri. No	
Gas Detection Certification:		
Certifyin	Certifying Agency	

## 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.



## OATH AND SIGNATURE (applicable to all statements)

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 o	of Applicant:			
Taken, sworn and subscribed before me, this				
N O T		day of	A.D. 20	
Α	SEAL			
R Y				