COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF MINE SAFETY

APPLICATION FOR SHOT-FIRER'S CERTIFICATION

Name:			Social Security No.:
(last)	(first)	(mi)	XXX – XX -
Date of Birth:			Home Phone:
	/ /		Area Code () -
Address:			

Company Where Employed:				
Mar When Frederic 1				
Mine Where Employed:				
Work Phone:				
Area Code () -				

Penna. Miners Certification Number:				
Penna. Miners Officials Certification:				
	Туре:	Cert. No		
	Туре:	Cert. No		
Gas Detection Certification:				
	Certifying Agency	Card No		

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.

Taken, sworn and subscribed before me, this

Ν			
0		day of	A.D. 20
Т			
А	SEAL		
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Y			