



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF DEEP MINE SAFETY**

## APPLICATION FOR SHOT-FIRER'S CERTIFICATION

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

Company Where Employed:
Mine Where Employed:
Work Phone:  _____ Area Code ( _____ ) - _____

Penna. Miners Certification Number:
Penna. Miners Officials Certification:  Type: _____ Cert. No. _____ Type: _____ 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.

Signature of Applicant: \_\_\_\_\_  
(in ink)

Taken, sworn and subscribed before me, this

N \_\_\_\_\_ day of \_\_\_\_\_ A.D. 19\_\_\_\_

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