5800-FM-DMS0100 Rev. 3/99

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

BITUMINOUS MINER'S APPLICATION AND QUALIFICATION FORM

Name	Social Security Number	Age
Address		
		e)
Place of Birth	Date of Birth	
Name of Employer		
Mine Where Now Working		
Total Years or Months Experience at this Mine		
Type of Experience at this Mine		
Other Mines Where You Were Employed, Name of	of Company and Dates of Employment	
Types of Experience at These Other Mines		
Signature of Applicant		
Signature of Employer		
Signature of Mine Superintenden	nt	
For Official Use:		
Inspector	District	
Place of Examination		
Date of Certification		

If you have any certificates from other states, please attach to this form.

