



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 _____ day of _____ A. D. 20 _____

O _____

T _____

A SEAL _____

R _____

Y _____

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.

Company _____

Mine _____

Days of Service From _____ To _____

Duties _____

Signature of Mine Superintendent _____

Signature of Mine Foreman _____

Company _____

Mine _____

Days of Service From _____ To _____

Duties _____

Signature of Mine Superintendent _____

Signature of Mine Foreman _____

Company _____

Mine _____

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Duties _____

Signature of Mine Superintendent _____

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