

Application for Anthracite Mine Official Certification

Please complete this application in its entirety. Return the application and the non-refundable application fee of \$50 (money order or certified bank check only) payable to COMMONWEALTH OF PENNSYLVANIA to:

Bureau of Mine Safety
Anthracite Mine Safety Division
5 West Laurel Boulevard
Pottsville, PA 17901

See the attached Qualifications for Certification.

Please complete this application in its entirety.

1. MSHA Individual Identification Number (MIIN) _____

2. Last Name _____ MI _____ First Name _____ Sfx _____

Email Address _____ Social Security No. (Last Four Digits) XXX-XX- _____

Address _____ Date of Birth _____ Age _____

City _____ State _____ Zip Code _____ Place of Birth _____ City _____ State _____

Phone (include area code) _____ Are you a citizen of the U.S.? _____

Length and nature of service in or about mines _____

Number of years of experience in working section _____ Total experience _____

Current employer _____

Employer's address _____

Mine presently employed at _____

3. Have you ever had a mine official certification revoked in the past? Yes No

If "Yes", what type of certification was revoked and what was the length of the revocation? _____

4. Qualifying Education: If adding 1 year to qualification

	Degree (attach copy)	Date Obtained	School	Total Credit Hours	Major
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____

5. Certifications Obtained from the Commonwealth of Pennsylvania, Include: Miner, Blaster License, Assistant Mine Foreman Certification, etc.

	Type of Certificate	Date Received	Certificate No.
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

Signature of Applicant _____ Date _____

CERTIFICATES OF CHARACTER

6. Have three persons, who are not related to you, complete and sign the certificates of character on this page.

a. I, _____, have known the applicant _____
(name) (name of applicant)
for _____ years, and, by my signature, I certify that the applicant is a person of good moral
(number)
character and known temperate habits.

(signature of person certifying character)

My occupation is _____ and my address
is _____

b. I, _____, have known the applicant _____
(name) (name of applicant)
for _____ years, and, by my signature, I certify that the applicant is a person of good moral
(number)
character and known temperate habits.

(signature of person certifying character)

My occupation is _____ and my address
is _____

c. I, _____, have known the applicant _____
(name) (name of applicant)
for _____ years, and, by my signature, I certify that the applicant is a person of good moral
(number)
character and known temperate habits.

(signature of person certifying character)

My occupation is _____ and my address
is _____

Signature of Applicant _____ Date _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF MINE SAFETY

7. A. Identify the work experience that establishes your eligibility to take the test for which you are applying. Answer the following questions about each position in which you worked to acquire the required experience. See the "How to Calculate Eligible Experience" section at the end of this application. **Make copies of this page if more space is needed.**
- B. Attach a separate notarized Employer's Verification of Work Experience form for all employers listed below, both current and previous.

Job Title: _____

Mine Operator: _____

Name of Mine: _____

Date (Month/Day/Year) on which you began work in this position: _____

Date (Month/Day/Year) on which you ceased work in this position: _____

Description of your job duties in this position: _____

Did you work within 1,000 feet of the face in this position? Yes No

How many days did you work within 1,000 feet of the face in this position? _____

Were you absent from working underground during this time period for reasons such as illness, injury, layoffs, education, military service, or temporary assignment to surface activities? Yes No

How many days? _____ For what reason(s): _____

Who was your immediate supervisor in this position? _____

Job Title: _____

Mine Operator: _____

Name of Mine: _____

Date (Month/Day/Year) on which you began work in this position: _____

Date (Month/Day/Year) on which you ceased work in this position: _____

Description of your job duties in this position: _____

Did you work within 1,000 feet of the face in this position? Yes No

How many days did you work within 1,000 feet of the face in this position? _____

Were you absent from working underground during this time period for reasons such as illness, injury, layoffs, education, military service, or temporary assignment to surface activities? Yes No

How many days? _____ For what reason(s): _____

Who was your immediate supervisor in this position? _____

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Signature of Applicant _____

Date _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF MINE SAFETY

Employer's Verification of Work Experience
Make additional copies of this page if more than one verification is needed

Commonwealth of Pennsylvania)

County of _____) SS

_____, being duly sworn, deposes and says:

- (a) that he/she is or was an official at _____;
(Name of Mine)
- (b) that he/ she has reviewed the information provided by the applicant;
- (c) that he/ she **either** has personal knowledge about the applicant's claims about work experience at this mine **or** has compared the applicant's claims about work experience at this mine with the records of that employer; and
- (d) that the information about the applicant's work experience reflected in this application is true and accurate.

_____ (Signature of verifying official)

_____ (Position at Mine)

Signed and sworn to before me

This _____ day of _____, 2_____

_____ (Notary Public)

Signature of Applicant _____

Date _____

Applicant's Verification

Commonwealth of Pennsylvania)

County of _____) SS

_____, being duly sworn, deposes and says:

- (a) that he/she has read, understood and followed the instructions for completing this application;
- (b) that this application consists of _____ (number) of pages;
- (c) that the statements and information provided in this application are true, complete, and correct; and
- (d) that it is his/ her intent that the statements and information being provided by this application will be relied upon by the public officials reviewing this application.

_____ (Signature of Applicant)

Signed and sworn to before me

This _____ day of _____, 2_____

_____ (Notary Public)

**ANTHRACITE MINE OFFICIAL CERTIFICATION
QUALIFICATIONS FOR CERTIFICATION AND EXAMINATION INFORMATION**

QUALIFICATIONS FOR CERTIFICATION

The eligibility criteria are established in Section 205 of the Anthracite Coal Mining Laws of Pennsylvania for Underground Mines "Act 346" § 346-205.

If it is determined either before or after the applicant takes the examination that he or she failed to meet the qualification requirements for certification, the applicant will forfeit the examination fee. A certificate of qualification issued to a person who, on the date of the examination, does not meet these qualifications is void. Any person who submits false information on the application or falsely swears to the accuracy of an affidavit may be subject to criminal penalties.

To apply for **ANTHRACITE MINE FOREMAN** certification, you must be at least 25 years of age and have satisfactory evidence of at least five years practical experience as a miner, and of good conduct, capability and sobriety. Miners will be required to demonstrate their knowledge of anthracite mining techniques as well as demonstrate the use of mine gas detection equipment.

METHOD OF SCORING AND GRADING MINE OFFICIAL EXAMINATION

This is a PRACTICAL EXAM: PASS OR FAIL

One (1) point for each correct answer; 100 correct answers = 100 points

MINE FOREMAN	85% TO 100%
ASSISTANT MINE FOREMAN	75% TO 84%
MINE EXAMINER	65% TO 74%

HOW TO CALCULATE ELIGIBLE EXPERIENCE

The Commonwealth of Pennsylvania, Department of Environmental Protection, provides this information to assist you in determining whether you are eligible for the Mine Official Certification Examination.

"Working section" means "within one thousand (1,000) feet of the face."

How to count a year –

A year of work means that you were employed doing work underground in a mine for a full year and that you actually worked underground for at least 240 days within that calendar year.

You should:

- **Count** each day you worked as one individual day, even if you worked more than one shift on that day.
- **Count** only days when you worked underground.
- **Not count** days when you worked on the surface.
- **Not count** days when you did not work because of illness, injury, vacation, strike, or education.

Examples:

1. You were employed on October 1 and worked 35 days between October 1 and November 20. On November 21, you became ill and did not return to work until February 1. None of the days between November 20 and February 1 would count toward your one-year calculation. You were not available for work for 72 days which would extend your one-year calculation from October 1 by 72 days.
2. You were employed on January 15 and you worked six days a week for forty (40) weeks, without interruption. By November 15 you have already worked 240 days underground; you must continue working until January 15 of the next year to meet the one-year requirement.