

**CERTIFICATION OF MINING EXPERIENCE
INSTRUCTIONAL EXPERIENCE AND TRAINING
(INSTRUCTORS)**

PRIVACY ACT NOTICE

AUTHORITY: The authority for training qualified and certified persons is provided in Sections 115(a), 317(I), and 502 of Public Law 91-173 as amended by Public Law 96-164.

PURPOSE AND USE OF INFORMATION: The primary purpose of this information is to record training, both mandatory and voluntary, so that Certification and Qualification records can be maintained that assure MSHA inspectors that mine management and mining personnel are complying with training requirements outlined in the law. It is also used as a basis for education and training and programming assistance to mine management and mining personnel in the compliance with the requirements of the law.

EFFECTS OF NON-DISCLOSURE: The disclosure of this information is voluntary. However, if you do not disclose the information, it is possible that an erroneous Citation/Order will be issued for "failure to comply with Certification and Qualification" requirements as delineated in the law.

PLEASE PRINT ALL INFORMATION LEGIBLY

Name: _____ MIIN: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ ID No. _____ Phone: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

What Instructor's approval are you requesting?

Electrical Instructor: Surface (EE) Underground (EC)
 Approved Instructor: Surface Underground
 Limited Instructor: 48.6 (UG Exp. Miner) 48.26 (Sur. Experienced Miner)

MINING RELATED EXPERIENCE

Total Number of Years: _____

Types of Mine(s) - Check all that apply

Underground Coal Surface Coal
 Underground Metal/Nonmetal Surface Metal/Nonmetal

Title, Classification, Assignments, Etc.	Years/Months	Mine Name

INSTRUCTIONAL EXPERIENCE

Total Number of Years Teaching: _____

Where have you instructed? - Check all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Mine | <input type="checkbox"/> Job Training | <input type="checkbox"/> High School |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Vo-Tech School | <input type="checkbox"/> Mining Training |
| <input type="checkbox"/> Other (Specify): _____ | | |

SUBJECT(S) TAUGHT

Mining Related	Other (Specify)

TRAINING COURSES COMPLETED

Date	List only mining related subjects. Indicate with check mark MSHA Classes

Train the Trainer workshop completion date: _____ (Attach Certificate)

Limited Instructor workshop completion date: _____ MSHA instructor name: _____

MSHA/State Qualifications and Certifications	Degrees

I certify that the above information is true and correct. False certification is punishable under Section 110(a) and (f) of the Federal Mine Safety and Health Act.

Signature: _____ Date: _____

Note: Attach supplemental material (s) as necessary (i.e. state, federal certifications and resume).

Send application to: District Manager, 1030 London Drive, Suite 400, Birmingham, AL 35211