

Board of Coal Mining Examiners 3405 Mountain Empire Road Big Stone Gap, Virginia 24219 (276) 523-8225

Verification of Training Completed for General Coal Miner Certification

Type or print this form in black ink and submit the non-refundable fee to the **Board of Coal Mining Examiners** in the form of a certified check, cashier's check, or money order made payable to the **Treasurer of Virginia**. Cash will be accepted if paid in person at a Division of Mines' (DM) office. 1. Full Name _____ Date of Birth ____ 2. Address ____ Street or P.O. Box State Zip Code 3. Home Phone No. () Date of Employment ____ 4. Employer Company Name _____ Mine Name ____ Street or P.O. Box State Zip Code City 5. Job title/description of job duties 6. I received training in first aid and Virginia's coal mining law and regulations on or I have attached a copy of my valid first aid card. I hereby certify that the above answers are true to the best of my knowledge and belief. Disciplinary actions taken against mining certifications, for any reason, will be shared with other reciprocating coal program states and Federal mining agencies. I understand it is my responsibility to immediately notify the Board of Coal Mining Examiners of any mailing address change. Signature of applicant for certification Signed I hereby certify to the BCME that the training I provided to the applicant set forth above meets the requirements of Virginia Code §45.1-161.37 and the Virginia Administrative Code 4 VAC 25-20, and the applicant has satisfactorily demonstrated to me the required knowledge of first aid practices and the mine safety laws of Virginia. Name printed and signed _____ Certified foreman or instructor approved by DM providing training Name printed and signed when the applicant is hired _____ Mine operator employing applicant