



Application for Certification Examination

Applicants for certification must complete this form and submit a \$10.00 non-refundable fee for each exam. Type or print the information in ink and pay the fee with a certified check, cashier's check or money order made payable to the Treasurer of Virginia. Cash will be accepted if paid in person. Submit the application and fee to the Board of Coal Mining Examiners at least five working days prior to the date of examination.

1. Full Name _____ S.S.# _____

2. Address _____
 Street or P.O. Box City State Zip Code

3. Date of Birth _____ Home Phone No.() _____
 Month/Day/Year

4. Total years employed at a coal mine: _____
 Underground Surface

5. List your current (or most recent) mining experience

Company Name _____

Address _____
 Street or P. O. Box City State

Job Title _____ From _____ To _____
 Month/Day/Year Month/Day/Year

6. Attach copies of the required documentation needed for each certification.

7. Examination Requested (Check One) *BCME Instructor check the courses you wish to teach

- | | | |
|---|---|---|
| <input type="checkbox"/> Advanced first aid | <input type="checkbox"/> Automatic elevator operator | <input type="checkbox"/> Blaster endorsement-DMLR (no fee) |
| <input type="checkbox"/> Chief electrician (sur/UG or sur) | <input type="checkbox"/> Diesel engine mechanic instructor | <input type="checkbox"/> Dock foreman |
| <input type="checkbox"/> Electrical maintenance foreman (sur/UG or surface) | <input type="checkbox"/> First aid instructor | <input type="checkbox"/> First class mine foreman |
| <input type="checkbox"/> General coal miner (surf/strips and augers or surf/UG) | <input type="checkbox"/> First class shaft or slope foreman | <input type="checkbox"/> Gas detection qualification (no fee) |
| <input type="checkbox"/> Mine inspector | <input type="checkbox"/> Hoisting Engineer | <input type="checkbox"/> Instructor - BCME* |
| <input type="checkbox"/> Surface facilities foreman for shops, labs, and warehouses | <input type="checkbox"/> MSHA electrical reinstatement | <input type="checkbox"/> Preparation Plant Foreman |
| <input type="checkbox"/> Underground diesel engine mechanic | <input type="checkbox"/> Surface blaster | <input type="checkbox"/> Surface electrical repairman |
| | <input type="checkbox"/> Surface foreman | <input type="checkbox"/> Top person |
| | <input type="checkbox"/> Underground electrical repairman | <input type="checkbox"/> Underground shot firer |

I hereby certify that the above answers are true to the best of my knowledge and belief.

Signed _____ Date _____



BOARD OF COAL MINING EXAMINERS
P.O. Drawer 900
Big Stone Gap, VA 24219
(276) 523-8149

Verification of Work Experience Form

Complete this form for **each employer** to certify the experience requirements have been met and have it signed by a company official knowledgeable of your work history before a notary public. Type or print the information in ink and submit it to the **BCME**.

1. Full Name _____ S.S. # _____

2. Address _____
Street or P. O. Box _____ City _____ State _____ Zip Code _____

3. Employer Company Name _____ Mine Name _____

Address _____
Street or P. O. Box _____ City _____ State _____ Zip Code _____

4. Job Title _____ From _____ To _____
Month/Day/Year Month/Day/Year

Description of job duties which are **applicable** to certification requested: _____

Job Title _____ From _____ To _____
Month/Day/Year Month/Day/Year

Description of job duties which are **applicable** to certification requested: _____

5. I hereby certify, under the penalties of perjury, that the information related to this applicant's experience as submitted on this form is correct.

Signature of Company Official (Print or Type Name) Title Date

6. State of _____ county/city _____ of to wit:

I, _____ a notary public in and for the State and county/city

aforesaid, do certify that _____ whose name is signed to #5 above,
Company Official

on the _____ day of _____, 20____ has acknowledged the same before me in my county/city

aforesaid. Given under my hand this _____ day of _____, 20____.

Notary Public

My commission expires the _____ day of _____, 20____. SEAL



BOARD OF COAL MINING EXAMINERS
P.O. Drawer 900
Big Stone Gap, VA 24219
(276) 523-8149

Verification of Training Completed for General Coal Miner Certification

Type or print this form in ink and submit it to the **Board of Coal Mining Examiners** with a \$10 processing fee 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 _____ S.S. # _____

2. Address _____
Street or P. O. Box _____ City _____ State _____ Zip Code _____

3. Home Phone No. (____) _____ Date of Employment _____

4. Employer Company Name _____ Mine Name _____
Address _____
Street or P. O. Box _____ City _____ State _____ Zip Code _____

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. _____ Date or Dates

I hereby certify that the above answers are true to the best of my knowledge and belief.

Signed _____ Date _____
Signature of applicant for certification

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

Cert. No. _____

Name printed and signed when the applicant is hired _____
Mine operator employing applicant



**APPLICATION FOR DMLR ENDORSEMENT
 BLASTER'S CERTIFICATION**
 (Coal Surface Mining Operation)

NAME			
	Last	First	Middle Initial
ADDRESS			
	Street/P. O. Box	City/State	Zip Code
Telephone No.		Social Security No.	

Business Address (if applicable)			
	Street/P. O. Box	City/State	Zip Code
Telephone No.			

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am presently certified as a Blaster by the Division of Mines.(DM Certification number)	
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I understand that to be certified to blast on any "coal surface mining operation"*, I must also pass the Division of Mined Land Reclamation's (DMLR) Endorsement test and be subsequently certified by the DMLR endorsement. By signing and dating this application, I hereby apply for the DMLR endorsement, as administered by the Division of Mines.

Signature		Date	
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* As defined under §45.1-229 of the Virginia Coal Surface Mining Control and Reclamation Act of 1979, as amended, "coal surface mining operations" means the following:

- Activities conducted on the surface of lands in connection with a surface coal mine or, subject to the requirements of §45.1-243, surface operations and surface impacts incident to an underground coal mine, the products of which enter commerce or the operations of which directly or indirectly affect interstate commerce. Such activities include excavation for the purpose of obtaining coal, including such common methods as contour, strip, auger, mountaintop removal, box cut, open pit, and area mining; the use of explosives and blasting; and in situ distillation or retorting; leaching or other chemical or physical processing; and the cleaning, concentrating, or other processing or preparation of coal. Such activities also include the loading of coal for interstate commerce at or near the mine site. Provided these activities do not include the extraction of coal incidental to the extraction of other minerals, where coal does not exceed sixteen and two-thirds per cent of the tonnage of minerals removed for purposes of commercial use or sale, or coal explorations subject to §45.1-233 of this chapter; and
- The areas upon which the activities occur or where such activities disturb the natural land surface. Such areas shall also include any adjacent land the use of which is incidental to any such activities, all lands affected by the construction of new roads or the improvement or use of existing roads to gain access to the site of such activities and for the haulage, and excavations, workings, impoundments, dams, ventilation shafts, entryways, refuse banks, dumps, stockpiles, overburden piles, spoil banks, culm banks, tailings, holes or depressions, repair areas, storage areas, processing areas, shipping areas, and other areas upon which are sited structures, facilities, or other property or materials on the surface, resulting from or incident to such activities.



**APPLICATION FOR RECERTIFICATION
 DMLR ENDORSEMENT
 BLASTER'S CERTIFICATION**

NAME			
	Last	First	Middle Initial
ADDRESS			
	Street/P. O. Box	City/State	Zip Code
Telephone No.		Social Security No.	

<input type="checkbox"/>	I was previously certified as a Blaster by the Division of Mines. (DM Certification number →)	
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Please check the type of Recertification being applied for:

<input type="checkbox"/>	To take the Division of Mined Land Reclamation's endorsement examination. I understand that to be certified, I must achieve the required score (85% or better) to receive the endorsement. Should I fail to achieve the acceptable score, I understand that I must retake the Division of Mine's Blaster's examination and the DMLR endorsement examination. The DM will inform me of the appropriate examination date(s).
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<input type="checkbox"/>	To obtain the Recertification, based upon Work Experience. I understand that the Division may approve recertification based upon my work experience as a certified blaster during two of the last three years for the following surface coal mining operations. I have provided a description of my experience in blasting related activities for the following company(ies) on Page 2 of this application form:
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	Company Name		Address	
	Permit No(s).			

	Certification of Blasting Experience	I hereby affirm, with knowledge of the penalties provided under 45.1-246(G) ¹ of the Code of Virginia , that I worked for ___ months with this company in a capacity which demonstrates my competency in blasting activities.
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	Company Name		Address	
	Permit No(s).			

	Certification of Blasting Experience	I hereby affirm, with knowledge of the penalties provided under 45.1-246(G) of the Code of Virginia , that I worked for _____ months with this company in a capacity which demonstrates my competency in blasting activities.
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Signature		Date	
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Company Name	
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I hereby affirm that the person applying for the aforementioned recertification has worked for this company during the following specified period in a capacity which demonstrates blaster's competency:

¹ 45.1-246(G): "Whoever knowingly makes any false statement, representation or certification, or knowingly fails to make any required statement, representation or certification, in any application, ... shall, upon conviction thereof, be punished by a fine of not more than ten thousand dollars, or by confinement in jail for not more than twelve months, or both."

Job Title of Applicant		Employment Date, from		to	
Brief Description of Duties Performed					

Company Official's Name (print)		Title	
Signature		Date	

NOTARIZATION:

State of _____, County/City of _____ to wit:

Subscribed and affirmed to before me by _____ this _____ day of _____, 20 ____.

Notary Public Signature		My Commission Expires (attach seal)	
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Company Name	
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I hereby affirm that the person applying for the aforementioned recertification has worked for this company during the following specified period in a capacity which demonstrates blaster's competency:

Job Title of Applicant		Employment Date, from		to	
Brief Description of Duties Performed					

Company Official's Name (print)		Title	
Signature		Date	

NOTARIZATION:

State of _____, County/City of _____ to wit:

Subscribed and affirmed to before me by _____ this day of _____, 20 ____.

Notary Public Signature		My Commission Expires (attach seal)	
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BOARD OF COAL MINING EXAMINERS
P.O. Drawer 900
Big Stone Gap, VA 24219
(276) 523-8149

Verification of Training Completed for Continuing Education

Type or print in ink and submit to the **Board of Coal Mining Examiners**. Check the appropriate box below that relates to type of continuing education requirement completed. Complete a form for each continuing education requirement completed.

- Advanced first aid
- First class mine foreman
- Diesel engine mechanic
- Surface foreman

1. Full Name _____ S.S. # _____

2. Address _____
Street or P. O. Box City State Zip Code

3. Home Phone No. (____) _____ Date of Employment _____

4. Employer Company Name _____

Mine Name and Index # _____

Address _____
Street or P. O. Box City State Zip Code

5. I received continuing education training _____ on _____. In addition to the four hours required,
hours date

I completed _____ to be carried over to meet continuing education requirements for _____.
hours year

I hereby certify that the above answers are true to the best of my knowledge and belief.

Signed _____
Signature of applicant Cert # Date

I hereby certify to the BCME that the training I provided to the applicant set forth above meets the requirements of Virginia Code § 45.1-161.34 and Virginia Administrative Code 4 VAC 25-20.

Name printed and signed _____
Instructor approved by DM providing training

Instructor's Cert # _____

Instructor's S.S. # _____



Board of Mineral Mining Examiners
 Fontaine Research Park
 900 Natural Resources Drive
 P.O. Box 3727
 Charlottesville, VA 22903-0723
 (434) 951-6310

Application For Certification Examination

Applicants for certification must complete this form and submit a \$10 fee for each exam. Type or print the application in ink and pay the fee with a certified check, cashier's check, or money order made payable to the **Treasurer of Virginia**. Cash will be accepted if paid in person. Submit the application and fee to **the Board of Mineral Mining Examiners** at least **five working days** prior to the date of examination.

1. Full Name: _____ S.S. #: _____

2. Address: _____
 Street or P.O. Box City State Zip Code

3. Date of Birth: _____ Home Phone No.: () _____
 Month/Day/Year

4. Total years employed at a mineral mine: _____
 Underground Surface

5. List your current (or most recent) mining experience:
 Company Name: _____

Address: _____
 Street or P.O. Box City State Zip Code

Job Title: _____ From : _____ To: _____
 Month/Day/Year Month/Day/Year

6. I have attached a copy of my valid first aid card or MSHA Form 5000-23, the degrees to be used for credit toward the experience requirements , and payment for the exam.

7. Examination Requested (Check One):

- Mine inspector (DMME employed) Mineral mining electrician Surface blaster
- Surface foreman Surface foreman - open pit Underground foreman
- Underground mining blaster

8. Exam requested at _____ on _____ (refer to exam schedule)
 Location Date

I hereby certify that the above answers are true to the best of my knowledge and belief.

Signed: _____ Date: _____



Board of Mineral Mining Examiners
 Fontaine Research Park
 900 Natural Resources Drive
 P.O. Box 3727
 Charlottesville, VA 22903-0723
 (434) 951-6310

Verification of Work Experience Form

Complete a **separate form for each employer** to certify the experience requirements have been met and have it signed by a company official knowledgeable of your work history. Type or print the information in ink and submit it to the Board of Mineral Mining Examiners.

1. Full Name: _____ S.S. #: _____

2. Address: _____
 Street or P.O. Box City State Zip Code

3. Employer/Company Name: _____ Mine Name: _____
 VA Mine Permit Number: _____ Employer Phone #: () _____
 Address: _____
 Street or PO Box City State Zip Code

4a. Job Title: _____ From :

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 To:

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 Month/Day/Year (Complete all 3 blanks) Month/Day/Year (Complete all 3 blanks)

Detailed description of mining-related job duties which are applicable to certification requested:

4b. Job Title: _____ From :

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 To:

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 Month/Day/Year (Complete all 3 blanks) Month/Day/Year (Complete all 3 blanks)

Detailed description of mining-related job duties which are applicable to certification requested:

4c. Job Title: _____ From :

--	--	--

 To:

--	--	--

 Month/Day/Year (Complete all 3 blanks) Month/Day/Year (Complete all 3 blanks)

Detailed description of mining-related job duties which are applicable to certification requested:

5. I hereby certify that the information related to this applicant's experience as submitted on this form is correct.

 Signature of Company Official Print or Type Name Title Date