

Print Name \_\_\_\_\_

MINE SAFETY PROGRAM
Phone: (740) 942-9150, ext. 100

Mail to: ODNR – Division of Mineral Resources Management
(Jerry L. Stewart) Mine Safety Training Center
43029 Industrial Park Road
Cadiz, Ohio 43907

APPLICATION FOR EXAMINATION / CERTIFICATION

EXAMINATION FEE: All applicants shall pay a fee of ten (\$10) dollars. Please do not mail this fee with the application! The fee must be paid by check or money order (NO CASH, please) to "Treasurer, State of Ohio", and presented to the examiner at the time of the Examination.

Note: Please READ CAREFULLY the following requirements and conditions prior to completing this Application.

- All statements made in this application are to be made under oath, notarized, and completed to the best of the applicant's knowledge and belief.
Any applicant making false statements will be subject to criminal prosecution. This individual shall also be required to surrender any certificate(s) he or she may have received under the Ohio Mine Safety Law.
Application must be completed by the applicant, in ink, in his or her own handwriting, and submitted to the Division of Mineral Resources Management (DMRM), Mine Safety, at the above address.
This application must be received in the office of the DMRM at least fifteen days prior to the date on which the applicant intends to take the examination
The applicant should be particularly attentive in giving full details of all eligible experience that he or she feels qualifies the applicant to be administered the respective examination. If space provided is not sufficient for any question on this application, please use additional paper and attach to this application.

I hereby make application for admission to Examination for position of: \_\_\_\_\_

(See back for certificate title)

1. Date of Birth (M/D/Y) \_\_\_\_\_ 2. Age on last birthday \_\_\_\_\_

3. Number of years practical experience, after 18th birthday, as a miner or general worker in the mines and mining industry of the United States \_\_\_\_\_

4. Number of years of underground experience inside of mines liberating explosive gas \_\_\_\_\_

5. Number of years of underground experience inside of mines not liberating explosive gas \_\_\_\_\_

6. If a graduate in a mining or mining related course of a recognized institution of higher learning, please list the name of the institution(s), course of studies, specific dates attended, and title of degree earned. \_\_\_\_\_

7. Give the length, type of service, and names of mines in which you have been employed:

Table with 4 columns: NAME OF MINE, OPERATOR ADDRESS, TYPE OF SERVICE (be specific), DATES OF SERVICE (month / year)

8. Now working at \_\_\_\_\_ Mine of the \_\_\_\_\_
(Name of Mine) (Name of Company)

9. Type of work now being performed by applicant \_\_\_\_\_

10. Name of contact person of company \_\_\_\_\_ Phone \_\_\_\_\_

11. If you are presently performing in the capacity of temporary foreperson, without certification, please list the type of temporary certification and the date of issue \_\_\_\_\_

12. Are any mining certifications, issued in another state, currently under revocation? \_\_\_\_\_

I solemnly swear that the answers I have made to each and all of the following questions are in my own handwriting and are true to the best of my knowledge and belief. Signature of Applicant \_\_\_\_\_

Subscribed and duly sworn to before me according to law, by the above-named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ County of \_\_\_\_\_ and State of \_\_\_\_\_.

(Official Impression Seal)

Signature of Officer \_\_\_\_\_

(Official Title)

Application No. \_\_\_\_\_  
(Applicant must fill out these blanks)

Last four digits of Social Security No. \_\_\_\_\_

(Print name in full)

**HOME ADDRESS**

(Address)

(City)

(State)

(Zip Code)

(County)

(Home phone #)

(Email address)

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Write specific position for which application is made:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

City in which you prefer to take examination:

(Cambridge or Columbus)

\*\*\*\*\*  
(Do not write below this line)

Certificate No. \_\_\_\_\_

Application Received \_\_\_\_\_

Application Approved \_\_\_\_\_

Admission Card Mailed \_\_\_\_\_

Examination Grade \_\_\_\_\_

**Please 'Check' Applicable Exam and / or Certification Requested:**

\_\_\_\_\_ Mine Foreman Gaseous Mine (5 years min. exp.)

\_\_\_\_\_ Mine Foreman Gaseous Mine - Reciprocity

• Certificate # \_\_\_\_\_ State \_\_\_\_\_

• Attach copy of certificate

\_\_\_\_\_ Foreman Gaseous Mine (3 years min. exp.)

\_\_\_\_\_ Fireboss

\_\_\_\_\_ Shot Firer, Underground Coal

\_\_\_\_\_ Mine Foreman Non-Gaseous Mine

\_\_\_\_\_ Foreman Non-Gaseous Mine

\_\_\_\_\_ Underground Stone Mine Foreman

\_\_\_\_\_ Underground Stone Foreman

\_\_\_\_\_ Underground Clay Mine Foreman

\_\_\_\_\_ Underground Clay Foreman

\_\_\_\_\_ Salt Mine Foreman

\_\_\_\_\_ Salt Foreman

\_\_\_\_\_ Surface Salt Foreman

\_\_\_\_\_ Mine Electrician - Underground – Reciprocity

\_\_\_\_\_ Mine Electrician – Surface – Reciprocity

\_\_\_\_\_ Mine Electrician – Surface & Underground – Reciprocity

If Mine Electrician reciprocity requested;

• Certificate # \_\_\_\_\_ State \_\_\_\_\_

• Attach copy of Certificate

\_\_\_\_\_ Mine Electrician – Underground; Exam

\_\_\_\_\_ Mine Electrician - Surface; Exam

\_\_\_\_\_ Mine Electrician – Surface & Underground; Exam

• If Mine Electrician Exam selected, attach document  
of 1 (one) year applicable electrical experience.

\_\_\_\_\_ Preparation Plant / Tipple Foreman

\_\_\_\_\_ Surface Coal and Auger Mine Foreman

\_\_\_\_\_ Surface Coal and Auger Foreman

\_\_\_\_\_ Quarry Mine Foreman

\_\_\_\_\_ Quarry Foreman

\_\_\_\_\_ Sand and Gravel Mine Foreman

\_\_\_\_\_ Sand and Gravel Foreman

**Note:** \* Foreman applicants must have 3 (three) years minimum

experience in the selected mining field

\* Mine Foreman Applicants must have 5 (five) years minimum  
experience in the selected category.

FOR COPIES OF THE MINING LAWS CALL (740) 942-9150