

Print Name _____

MINE SAFETY PROGRAM
(740) 942-9150

Mail completed application to: ODNR – Division of Mineral Resources Management
Mine Safety Training Center
43029 Industrial Park Road
Cadiz, Ohio 43907

APPLICATION FOR EXAMINATION – Foreman / Mine Foreman

EXAMINATION FEE: All applicants shall pay a fee of twenty-five dollars (\$25) for the examination. 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)

