

**Ohio Mine Safety Program**  
**(740) 942-9150**

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

**Subsequent Verification of Experience for Certification Issuance**

\*\*\*\*\*  
Note: Please READ CAREFULLY the following requirements and conditions prior to completing this statement. This form serves to verify that the balance of applicable mining experience required for state certification has been acquired.

- All statements made in this document 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.
- This statement 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.

\*\*\*\*\*

I, \_\_\_\_\_, having fully accrued the experience required  
(Name)  
by law to be issued certification for the position of \_\_\_\_\_,  
(Certification Title)

(AND)

while holding temporary certification for such position, did successfully pass the  
examination for such certification on \_\_\_\_\_ at the city /town of  
(Date)

\_\_\_\_\_, Ohio, do hereby formally request issuance of that  
(Exam location)  
certification.

I have completed this experience while working at the \_\_\_\_\_  
(Name of Mine)  
of the \_\_\_\_\_ on \_\_\_\_\_ .  
(Name of Company) (Date)

\*\*\*\*\*

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) \_\_\_\_\_