

TO BE COMPLETED BY A MINE FOREMAN

AFFIDAVIT - UNDERGROUND COAL MINE FOREMAN

I,	, Underground Coal Mine Foreman					
Certification Number,	, hereby certify to the best of my knowledge					
and belief,, is a	person of sobriety and good moral character					
and that the applicant has had years of practical, underground coal						
mining experience.						
applicant's underground mining exp thorough knowledge of the conditio prevalent in the underground coal n effectively and safely supervise pers and to otherwise competently and sa	th belief, based on my knowledge of the perience, that the applicant has acquired a ns, practices, dangers, any machinery nines, so as to enable the applicant to connel engaged in the production of coal afely discharge the duties of a mine foreman. I herewith and do hereby state that I have with the following exceptions:					
Daytime Phone Number	Signature					
The foregoing instrument was acknowledged before me by						
This day of	, 20					
NOTARY SEAL						
	Notary Public, TN					
	My commission expires					

LB-3285 RDA 2217



Mine Safety Unit P.O. Box 124 Caryville, TN 37714 (423) 566-9709

PERSONAL DATA SHEET- UNDERGROUND COAL MINE FOREMAN

Name	Da	_ Daytime Phone No				
Last four digits of SS#		Date of Birth	Age			
Place of Birth			•			
Address	City	State	Zip			
Present Employer						
If you hold a degree in mining eng	gineering from	a recognized school, please	complete the following			
Name of School		Year Degree Earned				
Has applicant ever had any n from the state of Tennessee of If yes, give date(s) and reason	or any other	state? Yes No	o			
Total years of undergr	ound mining	g experience				
,	•	.				
Record of underground coal mining experience after your eighteenth birthday, be-						

gin with your most recent underground job and list fully and accurately the details

of each job you have held. Dates must include month and year.

In this column describe your duties and state the location of the mine where you worked.

From:	To:	
Company:		
Address:		
Address: ———		
Position:		
Supervisor:		
	-	
From:	To:	
Company:		
Address:		
Address: ———		
Position:		
Supervisor:		
From:	To:	
Company:		
Address: ———		
Position:		
Supervisor:		
From:	To:	
Company:		
Address: ———		
Position:		
Supervisor:		
From:	To:	
Company:		
Address: ———		
 Position:		
Supervisor:		
F		