

## TO BE COMPLETED BY A MINE FOREMAN

## **AFFIDAVIT - PREP PLANT FOREMAN**

Ι,	, Prep Plant Foreman Certific	ation
	by certify to the best of my knowledge	
, is a perso	n of sobriety and good moral charact of practical, prep plant experience.	er and that the
applicant has had years o	of practical, prep plant experience.	
Further, I state that it is my goo	od faith belief, based on my knowledg	e of the
	ce, that the applicant has acquired a t	
	ractices, dangers, any machinery	
	iroment, so as to enable the applicant	
	engaged in the preperation of coal or	
	ely discharge the duties of a mine for nerewith and do hereby state that I ha	
of its truth and accuracy, with t		ive knowledge
or its tratif and accuracy, with	ne ronowing exceptions.	
Daytime Phone Number	Signature	
The foregoing instrument was	acknowledged before me by	
The foregoing instrument was	acknowledged before the by	
This day of	, 20	
·		
NOTARY SEAL		
	Notary Public	, TN
	My commission expires	

LB-3286 RDA 2217



Workplace Regulations & Compliance

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

## PERSONAL DATA SHEET- PREP PLANT FOREMAN

Name	Daytime Phone No				
Last four digits of SS#	Date of Bir	Date of Birth			
Place of Birth					
Address	City	State	Zip		
Present Employer					
If you hold a degree in mining engi	neering from a recogniz	zed school, please o	omplete the follow	ving	
Name of School	choolYear Degree Earned				
Has applicant ever had any mi from the state of Tennessee or If yes, give date(s) and reason(s	any other state? Ye	esNo	)		
Total years of prep plan	at avnariance				
Iotal years of prep plan	it experience				
Record of prep plant experien most recent prep plant job and	, .		<u> </u>		

have held. Dates must include month and year.

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

From:	То:	
Company:		
Position:		
From:	То:	
Company:		
Address: ———		
Position:		
From:	То:	
Company:		
Address:		
Position: Supervisor:		
From:	То:	
Company:		
Address:		
Position: Supervisor:		
From:	To:	
Company:		
Address: ———		
Position:		