

**KENTUCKY DIVISION of MINE SAFETY**  
**NOTIFICATION OF TRAINING TO BE CONDUCTED**

(Company/Contract, Vocational or Private Instructor)

*\*For Electrical, Also Return a copy to the Harlan Branch Office*

\*Harlan Branch Office  
P.O. Box 836  
174 Ball Park Rd.  
Harlan, KY 40813  
Phone: 606-573-1260  
Fax: 606-573-1265

Hazard Branch Office  
P.O. Box 851  
556 Village Lane  
Hazard, KY 41702  
Phone: 606-435-6079  
Fax: 606-435-6078

Madisonville Branch Office  
P. O. Box 521  
625 Hospital Drive  
Madisonville, KY 42431  
Phone: 270-824-7523  
Fax: 270-824-7526

Pikeville Branch Office  
P.O. Box 3023  
284 Weddington Branch Rd.  
Pikeville, KY 41501  
Phone: 606-433-7742  
Fax: 606-433-7763

Mine Name \_\_\_\_\_ Mine I.D. No. \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No. (    ) \_\_\_\_\_ Number of Miners to be trained \_\_\_\_\_

Exact Location of Training \_\_\_\_\_

Official Responsible for Training \_\_\_\_\_

Course	Beginning Date of Class	Ending Date of Class	Scheduled Time of Class	Instructor's Name	KY Instructor Certified Number
Underground Initial					
Underground Refresher					
Surface Initial					
Surface Refresher					
MET Initial					
MET Refresher					
CPR Initial Basic Adult					
*Electrical Refresher					
*Electrical Initial					

Must be a Kentucky Certified Instructor and qualified by the Mine Safety and Health Administration as an instructor for the subject(s) to be taught. Submit a copy of this form to the Division of Mine Safety Branch Office closest to where the training will be conducted at the addresses listed above. The form needs to be mailed 14 days prior to the beginning training date.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Instructor's Signature)