ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR NATURAL RESOURCES
DIVISION OF MINE SAFETY
TRAINING REQUEST FORM

Part I. Contact Information: (Person Requesting Training)

Name: _____   Contact Phone: _____

E-mail: _____   **Branch:**

Mine Name: _____   **State File#**

Company Name: _____

Part II. Training Details: (Location, Dates, and Number of Miners)

Location (Address of training facility) _____

Note: All requests for training should be submitted in a timely manner

Preferred Date & Time Option 1: _____

Preferred Date & Time Option 2: _____

Number of Miners anticipated to attend _____

Time allotted for training session: Hours _____

Comments/ Request: _____

Part III. Type of training being requested:

☐ Surface   ☐ Surface Foreman   ☐ M.E.T.   ☐ Mine Rescue

☐ Underground (8 hrs.)   ☐ Underground (16 hrs.)   ☐ Underground Foreman   ☐ Other (note in comments)

Additional Information : _____

Part IV. Equipment:(Equipment available at training facility.)

☐ Large Screen T.V.   ☐ Projector   ☐ Speakers   ☐ Adequate Seating For Expected Students

☐ Extension Cords   ☐ Pens & Pencils   ☐ Adequate Restroom Facilities   ☐ Proper Connectors for Visual & Audio

☐ MET Supplies   ☐ Copier   ☐ Internet/Wifi   ☐ Other (Note in comments)

Additional Equipment available/needed: _____