

PLEASE FILL OUT IN INK

**COMMONWEALTH OF KENTUCKY / DIVISION OF MINE SAFETY
APPLICATION FOR MINER CERTIFICATION**

- DMS-TP Inexperienced Permit
- DMS-2 Miner Certification
- DMS-3 MSHA Experienced Miner
Out-of-State Transfer

To Be Completed By Branch Office Only:

Temporary Permit No.: Miner ID No.: Class No.:

UNDERGROUND SURFACE

TO BE COMPLETED AT BRANCH OFFICE / BREATH ALCOHOL SCREENING TEST

1st BAT results Date negative positive Identification verified through photo ID

2nd BAT results Date negative positive Identification verified through photo ID

IF POSITIVE, RESULTS OF A CONFIRMATION BAT MUST BE RECORDED ON A BATF-1 AND ATTACHED

First Name	Middle Initial	Last Name	SOCIAL SECURITY NUMBER					
Address		Telephone No. ()	Date of Birth / /		MALE		<input type="checkbox"/>	
					FEMALE		<input type="checkbox"/>	
City		State	Zip Code	County				

Training Agency Name			Instructors Name		
Training Agency Address			Telephone Number ()		
Mine Licensee or Contractor Name / certifying 45 days			Licensee/Contractor Telephone No. ()		
Address			Mine Name and/or Number		
City	State	Zip Code	State File No.		

- DMS-TP – I hereby certify the person identified above has completed an approved inexperienced miner class, beginning ___/___/___ ending ___/___/___ **Circle One 40-hour/24-hour**
- DMS-2 – I hereby certify the miner identified above has 45 or more working days and has received 8 hours of mine specific training. LIST MINING EXPERIENCE BELOW.
- DMS-3 – I hereby certify I have at least 45 days mining experience. LIST MINING EXPERIENCE BELOW.

Mining Experience: from ___/___/___ to ___/___/___

List below jobs performed related to the mining cycle during the 45 or more working days:

Signature of Applicant

Signature of KY Certified Instructor

PRINT Name of Certifying Co. Official or Mine Foreman # Foreman Cert. # (if applicable) **PRINT** Name of KY Certified Instructor

Signature of Certifying Co. Official or Mine Foreman

Instructor's KY Certification Number

**** THE INSTRUCTOR IS REQUIRED TO EMBOSS THIS DOCUMENT WITH HIS/HER KENTUCKY CERTIFIED INSTRUCTOR SEAL**

This form may be reproduced but CANNOT BE ALTERED
EG-47 (Rev. 07/19)

FOR BRANCH OFFICE USE	
DISTRICT	DATE COMPLETED TRAINING ___/___/___
INITIALS	DATE PROCESSED ___/___/___