



DIVISION OF MINE SAFETY

APPLICATION FOR MET CERTIFICATION

FOR PERSONS WHO ARE CERTIFIED EMT OR CERTIFIED EMT INSTRUCTORS THAT ARE EXEMPTED FROM CHALLENGING THE MET EXAMINATION



<input type="checkbox"/> CERTIFIED MET		<input type="checkbox"/> CERTIFIED MET INSTRUCTOR		Miner Social Security Number			
Last Name		First Name		Middle Initial	Telephone No.		
Kentucky Miner I D Number:							
Box					County		
Address					DMS District		
City				State KY	Zip Code		

- 1. Certified Miner in the Commonwealth of Kentucky: Underground Surface
 (Copy of Kentucky Miner Certification Card must be attached.)
- 2. Mine Instructor's Number: MI - _____ and/or SI - _____
 (If applying for MET Instructor.)
- 3. EMT Certification Number: _____
 (Copy of current EMT Certification Card must be attached.)
- 4. MET Certificate Number: _____
 (Copy of current MET Certification Card must be attached.)
- 5. CPR Certification Expiration Date: _____ / _____ / _____
 (Copy of current CPR Course Completion Card must be attached.)
- 6. CPR Instructor Certification Expiration Date: _____ / _____ / _____
 (Copy of current CPR Instructor Course Completion Card must be attached for MET Instructor only.)

For DMS use only:	
MET Certification Number: _____ - _____ - _____	Date Certified: _____ - _____ - _____
MET Instructor Number: _____ - _____ - _____	Date Certified: _____ - _____ - _____

I certify that all information set out above is true and correct and understand that any misrepresentation may result in suspension or loss of my certification.

Signature

_____/_____/_____
Date