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

<table>
<thead>
<tr>
<th>CERTIFIED MET</th>
<th>CERTIFIED MET INSTRUCTOR</th>
<th>Miner</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Middle Initial</td>
<td>Telephone No.</td>
</tr>
</tbody>
</table>

Kentucky Miner I.D Number:
Box
County
Address
DMS District
City
State
Zip Code
KY

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

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