COMMONWEALTH OF KENTUCKY
DIVISION OF MINE SAFETY

M.E.T. APPLICATION FOR INITIAL CERTIFICATION
(40-HOUR INITIAL TRAINING COURSE)

CHALLENGE FOR RENEWAL

PLEASE USE INK ONLY TO FILL OUT

MINER IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER

COURSE BEGINNING DATE

COURSE ENDING DATE

Last Name

First Name

Middle Initial

Telephone No.

Box

County

Address

DMS District

City

State

Zip Code

Gender: Male: [ ] Female: [ ] Birthdate: _____ / _____ / _____

1. Certified Miner in the Commonwealth of Kentucky: Underground [ ] Surface [ ]

   (Copy of Kentucky Miner Certification Card must be attached.)

2. CPR Certification Expiration Date: _____ / _____ / _____

   (Copy of current CPR Course Completion Card must be attached.)

3. Copy of Initial M.E.T. Training Form 5000-23 embossed with Instructor's Seal. N/A FOR CHALLENGE

   (Private Instructor's Only.)

4. MET Instructor Name & Certification Number: __________________ N/A FOR CHALLENGE

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

Breath alcohol screening test results

Date _____ negative [ ] positive [ ]

Identification verified through photo ID

Date _____ negative [ ] positive [ ]

Identification verified through photo ID

If positive, results of a confirmation breath alcohol test must be recorded on a form BATF-1 and attached.

For DMS use only:

MET Certification Number: _____ - _____ - _____ Date Certified: _____ / _____ / _____

Expiration Date: _____ - _____ - _____ Card Mailed: _____ / _____ / _____

EF-18 (Rev. 06.25.14)

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