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

SOCIAL SECURITY NUMBER
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

MINER IDENTIFICATION 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**

To be completed at District Office
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)

This form may be reproduced, **BUT CANNOT BE ALTERED.**