



ENERGY AND ENVIROMENT CABINET

DEPARTMENT FOR NATURAL RESOURCES

DIVISION OF MINE SAFETY

TRAINING REQUEST FORM

Part I. Contact Information: (Person Requesting Training)

Name:	<input type="text"/>	Contact Phone:	<input type="text"/>
E-mail:	<input type="text"/>	Branch:	<input type="text"/>
Mine Name:	<input type="text"/>	State File#	<input type="text"/>
Company Name:	<input type="text"/>		

Part II. Training Details: (Location, Dates, and Number of Miners)

Location (Address of training facility)

*Note: All requests for training should be submitted in a timely manner

Preferred Date & Time Option 1:

Preferred Date & Time Option 2:

Number of Miners anticipated to attend

Time allotted for training session: Hours

Comments/ Request:

Part III. Type of training being requested:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Surface | <input type="checkbox"/> Surface Foreman | <input type="checkbox"/> M.E.T. | <input type="checkbox"/> Mine Rescue |
| <input type="checkbox"/> Underground (8 hrs.) | <input type="checkbox"/> Underground (16 hrs.) | <input type="checkbox"/> Underground Foreman | <input type="checkbox"/> Other (note in comments) |

Additional Information:

Part IV. Equipment:(Equipment available at training facility.)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Large Screen T.V. | <input type="checkbox"/> Projector | <input type="checkbox"/> Speakers | <input type="checkbox"/> Adequate Seating For Expected Students |
| <input type="checkbox"/> Extension Cords | <input type="checkbox"/> Pens & Pencils | <input type="checkbox"/> Adequate Restroom Facilities | <input type="checkbox"/> Proper Connectors for Visual & Audio |
| <input type="checkbox"/> MET Supplies | <input type="checkbox"/> Copier | <input type="checkbox"/> Internet/Wifi | <input type="checkbox"/> Other (Note in comments) |

Additional Equipment available/needed: