



Board of Coal Mining Examiners
P.O. Drawer 900
Big Stone Gap, VA 24219
(276)523-8225

Verification of Training Completed for Continuing Education

Type or print in ink and submit it to the Board of Coal Mining Examiners. Check the appropriate box below that relates to type of continuing education requirement completed. Complete a form for each continuing education requirement completed.

- Advanced first aid, Diesel engine mechanic, First class mine foreman, Surface foreman

1. Full Name Date of Birth

2. Address Street or P.O. Box City State Zip Code

3. Home Phone No. ( ) Date of Employment

4. Employer Company Name

Mine Name and Index #

Address Street or P.O. Box City State Zip Code

5. I received continuing education training on hours date

I hereby certify that the above answers are true to the best of my knowledge and belief.

Signed Signature of applicant Cert # Date

I hereby certify to the BCME that the training I provided to the applicant set forth above meets the requirements of Virginia Code §45.1-161.34 and the Virginia Administrative Code 4 VAC 25-20.

Name printed and signed Instructor approved by DM providing training

Instructor's Cert. #