



Verification of Work Experience Form

Complete this form for each employer to certify the experience requirements have been met and have it signed by a company official knowledgeable of your work history before a notary public. Type or print the information in ink and submit it to the BCME.

1. Full Name _____ Date of Birth _____

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

3. Employer Company Name _____ Mine Name _____
Address _____
Street or P.O. Box City State Zip Code

4. Job Title _____ From _____ To _____
Month/Day/Year Month/Day/Year

Description of job duties which are applicable to certification requested: _____

Job Title _____ From _____ To _____
Month/Day/Year Month/Day/Year

Description of job duties which are applicable to certification requested: _____

Job Title _____ From _____ To _____
Month/Day/Year Month/Day/Year

Description of job duties which are applicable to certification requested: _____

5. I hereby certify, under the penalties of perjury, that the information related to this applicant's experience as submitted on this form is correct.

Signature of Company Official (Print or Type Name) Title Date

6. State of _____ County/City _____ of to wit:

I, _____ a notary public in and for the State and County/City aforesaid, do certify that _____ whose name is signed to #5 above,
Company Official

on the _____ day of _____, 20_____ has acknowledged the same before me in my County/City aforesaid. Given under my hand this _____ day of _____, 20_____.

Notary Public