

ILLINOIS DEPARTMENT OF NATURAL RESOURCES

GENERAL SURFACE SUPERVISOR

APPLICATION OF CANDIDATE FOR EXAMINATION BEFORE THE OFFICE OF MINES AND MINERALS

20

TO THE HONORABLE MEMBERS OF THE STATE MINING BOARD, Springfield, Illinois

We, the undersigned, know (Name)

to be of good moral character and temperate habits and do respectfully recommend the above person to your honorable body as a worthy candidate for examination for certificate of competency as: General Surface Supervisor

Table with 3 columns: Signature, Address, Occupation. Multiple rows for listing candidates.

This Application must be signed by not less than 10 residents of the community in which you reside.

General Surface Supervisor

Affidavit of Candidate for Examination before the (State Mine Inspector Name) ILLINOIS STATE MINING BOARD

Name, Social Security #, MIIN

My address is:

Mailing Address, City, County, State, Zip

I am years old and was born (D.O.B.) in the State of

I have had practical mining experience for years. Phone Number ()

I am currently employed at:

If your answer to the following question is "yes", please attach a signed detailed explanation. Have you ever had your mining credentials suspended or revoked in Illinois or any other state or ever been denied mining credentials in Illinois or other States? Yes No

Candidate's signature

Subscribed and sworn to before me this day of, 20

(Notary Public)

TRAINING AND EXPERIENCE QUESTIONNAIRE

1. What is the extent of your education? _____

2. What special training in the mining profession have you taken? _____

3. Do you hold a certificate of qualification as a miner, issued by the Miners' Examining Board of Illinois? _____

4. What certifications of competency issued by the State Mining Board of Illinois do you now hold? _____

5. What certificates of competency issued by another State do you now hold? _____

6. At what mine and in what capacity are you employed at the present time? _____

7. List names of the coal companies/mine construction properties by which you have been employed during the past ten years, giving name and address of each and the capacity in which you were employed by each company/project.

Name	Address	Job Capacity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
8. Have you completed training in first aid to the injured as prescribed by either the Department of Natural Resources, Office of Mines and Minerals or other accredited institution? _____
Where? _____ When? _____

A \$50.00 application fee made payable to Illinois Department of Natural Resources (IDNR) must be submitted along with this application.