ILLINOIS DEPARTMENT OF NATURAL RESOURCES

INDEPENDENT CONTRACTOR SUPERVISOR

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

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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: Independent Contractor Supervisor

Signature		Address	Occupation
	<u> </u>		
This Application must b	e signed by not less tha	n 10 residents of the co	ommunity in which you reside.
	Independent Co	ontractor Supervis	sor
	Affidavit of Candidate	for Examination befo	ore the
(State Mine Inspector Name)	ILLINOIS STAT	TE MINING BOAR	D
l,,	Social Security #		, MIIN
do solemnly swear (or affirm) that I am a c address is:		tates of America or la	awfully admitted for permanent residence. N
Mailing Address	City	County	State Zip
I am years old and was born	(D.O.B.) in the State of	.f
I have had practical mining experience for	years.	Phone Number ()
I am currently employed at:			
If your answer to the following question		n a signed detailed ex	volanation
Have you ever had your mining credentia		-	
credentials in Illinois or other States?	-		other state of ever been defined mining
		 Cand	lidate's signature
Subscribed and sworn to before me this	day of	, 20	-

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.

Revised 3/22