

Familiar with operations of mine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of operations & ventilation of mine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participates in two local mine rescue contests (Insert dates)						
Trains at this mine (Insert dates)						

MSHA Form No. \_\_\_\_\_

OMB Control No. \_\_\_\_\_

I certify the information above is true and accurate to the best of my knowledge.

Printed Name & Signature: \_\_\_\_\_

Position held at the mine: \_\_\_\_\_

Date: \_\_\_\_\_

Use of this form is optional.

An underground coal mine operator may file a copy of this form with the appropriate District Manager for each of the two designated mine rescue teams, that provide coverage for this mine, to certify that each team meets the requirements of 30 CFR Part 49 Subpart B.