MSHA INSTRUCTOR APPROVAL APPLICATION							
Please check the box(s) next to the program areas for which you request approval.							
	48.5	New Miner Training	Underground				
	48.6	Experienced Miner Training	Underground				
	48.8	Annual Refresher Training	Underground				
	48.25	New Miner Training	Surface				
	48.26	Experienced Miner Training	Surface				
	48.28	Annual Refresher Training	Surface				

MINE & PERSONAL INFORMATION							
Employer:			Name:				
Work Address:			Home Address:				
City:	State:	Zip:	City:	State:	Zip:		
Work Phone:		Home Phone:					
Your Job Title:			MSHA Individual Identification Number (MIIN):				
Mine ID:			Cell Phone:				
Email:			Date of Birth:				

From	То	Title / Job Description / Surface or U/G	Employer			
	Present					

TEACHING EXPERIENCE AND /OR WORK EXPERIENCE THAT COULD BE RELATED (SAFETY MEETINGS)

TRAINING / CERTIFICATES / DEGREES YOU'VE RECEIVED						
Course Title Provided By (MSHA, MSATS, etc.)		Year Received				

OTHER PERTINENT INFORMATION THAT MAY ASSIST IN DETERMINING YOUR QUALIFICATIONS.

False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

Signature

Date

Please attach copies of all 5000-23 certificates

Send completed application, certificates, and resume to the Idaho Mine Safety Training Program at **minesafety@nic.edu**

Questions. Please call 208-625-2359