



NEW MEXICO BUREAU OF MINE SAFETY

Office of the State Mine Inspector

801 Leroy Place
Socorro, NM 87801

Phone 575-835-5460
www.nmminesafety.com

COAL MINE OFFICIAL RECERTIFICATION EXAM RECERTIFICATION APPLICATION

Mine Name: _____ Date: _____

Coal Official's Name: _____ MIIN: _____

Contact Address: _____

Contact Phone: _____ email: _____

Recertify for: Surface Foreman Examiner Underground Foreman

I certify that the coal mine official named above is currently active and in good standing; current in applicable Part 48 training and First Aid; and is qualified by MSHA for testing oxygen deficiency and methane in the required environment.

Authorized Company Representative _____

Title _____

Signature _____ Date _____

Documentation attested to in this application will be maintained by the company and/or applicant for a period of five (5) years after recertification and shall be produced for inspection without delay upon the request of the State Mine Inspector.

Attach:

- **Copy of individual's current certificate**
- **Copy of current Form 5000-23 indicating applicable new miner or annual refresher training completed within the last 12-months**
- **Current driver license or CDL with picture ID**
- **Other applicable documents attesting to the individual's competency to recertify**

**TESTING WILL BE CONDUCTED WITH SCHEDULED NEW CERTIFICATION
TESTING OR BY APPOINTMENT**

**SUBMIT RECERTIFICATION APPLICATIONS TO SMI AT LEAST 30-DAYS PRIOR
TO THE TEST DATE**