

**STATE OF ALABAMA  
DEPARTMENT OF LABOR  
OFFICE OF MINE SAFETY AND INSPECTION  
4351 CRESCENT ROAD  
IRONDALE, AL 35210  
TELEPHONE (205) 944-1075**

**UNDERGROUND MINE  
MINE FOREMEN/FIREBOSS  
APPLICATION PACKET**

**STATE OF ALABAMA**  
**OFFICE OF MINE SAFETY AND INSPECTION**  
**4351 CRESCENT ROAD**  
**IRONDALE, AL 35210**  
**TELEPHONE-(205) 944-1075**

**DIRECTIONS FOR FIREBOSS/MINE FOREMAN APPLICATION:**

**The applicant must furnish Document Two to the Company documenting work experience.**

**Document One must be completed by the applicant.**

1. This document must include proof of the applicant's U.S. Citizenship as required by Federal/State Law. (*List of acceptable documentation:* [http://labor.alabama.gov/docs/law/Inspections\\_AcceptableFormsofIdentification.pdf](http://labor.alabama.gov/docs/law/Inspections_AcceptableFormsofIdentification.pdf))
2. This document must match your work experience at an underground mine shown on Document Two.

**Document Two must be completed by Company that is documenting the applicant's underground work experience.**

1. A separate document must be used for each company.
2. A separate document must be used for each mine of a company.

**Rules to follow when filling out Document One and Document Two:**

1. Must provide proof U.S. Citizenship as required by Federal/State Law. (*List of acceptable documentation:* [http://labor.alabama.gov/docs/law/Inspections\\_AcceptableFormsofIdentification.pdf](http://labor.alabama.gov/docs/law/Inspections_AcceptableFormsofIdentification.pdf))
2. Must document at least three years' experience for Fireboss.
3. Must document at four years' experience for Mine Foreman. Exception - See Section 25-9-11(3) Coal Mining Laws State of Alabama.
4. Only time in or around underground coal mine can be used as experience.
5. Laid off time must be shown and cannot be used as experience.
6. Time off for extended medical leave must be shown and cannot be used as experience.
7. Extended military duties away from mine must be shown and cannot be used as experience. (Exception-two weeks' training camp)

**DOCUMENT ONE**

**DEPARTMENT OF LABOR  
OFFICE OF MINE SAFETY AND INSPECTION  
4351 CRESCENT ROAD  
IRONDALE, ALABAMA 35210  
AFFIDAVIT FOR MINE FOREMAN OR FIRE BOSS CERTIFICATE**

REGISTRATION NO. \_\_\_\_\_

NAME (LAST)	(MIDDLE)	(FIRST)	SOCIAL SECURITY NUMBER		
ADDRESS		TELEPHONE NUMBER	SEX	RACE	AGE
CITY	STATE	ZIP CODE	DATE OF BIRTH		
PLACE OF BIRTH	CITY	COUNTY	STATE		

Are you a US Citizen? Yes \_\_\_ No \_\_\_ (If Yes, provide copy of driver's license or other acceptable proof of US citizenship. If No, provide acceptable US Government documentation.)

Please visit website for list of acceptable documentation: [http://labor.alabama.gov/docs/law/Inspections\\_AcceptableFormsofIdentification.pdf](http://labor.alabama.gov/docs/law/Inspections_AcceptableFormsofIdentification.pdf).

If applying for mine foreman certificate with less than four years' experience, attach copy of college degree.

**EMPLOYMENT PERIOD**

If applying for mine foreman or fireboss certificate, a copy of work history completed by employer must be attached.

<b>FROM</b>	<b>TO</b>
Mnth/Day/Yr	Mnth/Day/Yr

COMPANY	ADDRESS	MINE NAME	OCCUPATION	Mnth	Day	Yr	Mnth	Day	Yr
							-		
							-		
							-		
							-		
<b>Total Experience:</b>									

**\*PLEASE CIRCLE WHICH TEST YOU WILL BE TAKING: MINE FOREMAN OR FIREBOSS – COST: \$100.00 (Money Order/Cashier's Check ONLY)**

This affidavit must be filed with the Safety and Inspection Division thirty (30) days prior to the Mine Foreman Examination.

This is to certify that I am a citizen of the United States and that I am not a member of any political party or organization that advocates the overthrow of the Government of the United States by force. Applicant's Signature (REQUIRED) \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public in and for \_\_\_\_\_ County, Alabama, this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

We the undersigned recommend \_\_\_\_\_  
who contemplates standing examination for (Mine Foreman/Fire-Boss) papers at the meeting  
(circle choice)  
of the Board, to be sober, industrious and having had the required number of years experience  
in or around underground coal mines.

1. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name and certificate number

2. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name and certificate number

3. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name and certificate number

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**SECTION 25-9-14 COAL MINING LAWS OF STATE OF ALABAMA**

Any person who shall forge or counterfeit a certificate or knowingly make or cause to be made any false statement in any certificate of competency provided for in this chapter or in any official copy of the same, or who shall utter or use any false certificate or unofficial copy thereof or shall make, give, utter, produce or make use of any false declaration, representation or statement in any such certificate or copy thereof or any document containing the same or shall make any false statement or misrepresentation in his application before the examining board for any certificate, shall be guilty of a misdemeanor, and his certificate shall be cancelled or annulled by the examining board.

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**FORM MUST BE COMPLETED OR IT WILL BE RETURNED**

**TO BE COMPLETED BY THE COMPANY OFFICIAL VERIFYING WORK EXPERIENCE AT AN UNDERGROUND MINE.**

This is to certify that \_\_\_\_\_ has been employed by this company.

\_\_\_\_\_  
Coal Company

\_\_\_\_\_  
Mine Name

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Title of Company Official

\_\_\_\_\_  
Print Name of Company Official

\_\_\_\_\_  
Telephone Number (work)

**Employment Dates:**

Month	Day	Year	to	Month	Day	Year
_____	_____	_____		_____	_____	_____
_____	_____	_____	to	_____	_____	_____
_____	_____	_____	to	_____	_____	_____

**Laid Off Dates:**

Month	Day	Year	to	Month	Day	Year
_____	_____	_____		_____	_____	_____
_____	_____	_____	to	_____	_____	_____
_____	_____	_____	to	_____	_____	_____

**Extended medical leave dates if any:**

Month	Day	Year	to	Month	Day	Year
_____	_____	_____		_____	_____	_____
_____	_____	_____	to	_____	_____	_____
_____	_____	_____	to	_____	_____	_____

**Extended Military Leave Dates if any:**

Month	Day	Year	to	Month	Day	Year
_____	_____	_____		_____	_____	_____
_____	_____	_____	to	_____	_____	_____
_____	_____	_____	to	_____	_____	_____

Notarized  
Subscribed and sworn before me, a Notary Public in and for \_\_\_\_\_ County, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_  
(Notary seal)

\_\_\_\_\_  
Notary Public

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