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:		
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:		
			Name:  Home Address:  State: Zip: City:  Home Phone:  MSHA Individual Identification  Cell Phone:	Name: Home Address:  State: Zip: City: State:  Home Phone:  MSHA Individual Identification Nu  Cell Phone:

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

TEACHING EXPERIENCE AND /OR WORK EXPERIENCE THAT COULD BE RELATED		
TRAINING / CERTIFICATES / D	EGREES YOU'VE RECEIVED	
Course Title	Provided By (MSHA, MSATS, etc.)	Year Received
		rtocorroa
		ROOSIVOU
		received
		received
		1100011100
		1100011100
OTHER PERTINENT INFORMAT	TION THAT MAY ASSIST IN DETERMINING	

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