Certificate of Electrical Training

This form is affected by the Privacy Act of 1974

U.S. Department of Labor
Mine Safety and Health Administration

Form Approved: OMB Number 1219-0001. Approval Expires December 31, 2013

Item 1. Company Name and Address (if the address below is blank, information will be sent to address selected in Item 8.)

Company Name _____

Attn: _____

Street 1 _____

Street 2 _____

City _____ State _____ Zip _____

Item 2. Mine ID or Contractor ID _____

Item 7. Date Completed (MM/DD/YYYY) _____

Item 3. Instructor Name _____

Item 4. Instructor's MSHA Individual Identification Number (MIIN) _____

Item 5. County and State Where Training Took Place _____ (State 2 Letter Alpha) _____

Item 6. AR/ROE No. (**MSHA only**) _____

30 CFR 75.153 and 77.103 (Electrical work Qualified person) establish the procedures under which miners are qualified to perform electrical work in the underground and surface coal mines.
MSHA form 5000-1 provides coal mine operators with a standard reporting format which expedites the certification and qualification process while ensuring compliance with regulations. The information provided on the form enables MSHA to determine if miners satisfy the requirements to obtain the certification/qualification sought. This collection of information is covered by the Privacy Act notice published in the Federal Register. Computer safeguards are as described in the National Bureau of Standards Publication, *Computer Security Guidelines for Implementing the Privacy Act of 1974*, and in accordance with procedures developed by MSHA Under GSA Circular E-34.
Public reporting burden for this form is estimated to average 25 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is mandatory. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: to the Mine Safety and Health Administration, U.S. Department of Labor, Office of Standards Regulations and Variances, 1100 Wilson Blvd., Arlington, VA 22209, Paperwork Reduction Project (1219-0001). **NOTE: Do not send your completed form to this address.**

	Item 8. MSHA Individual Identification Number (MIIN) and address selector	**Item 9.** Name (Last, First, M)	**Item 10.** Miner Requested Send To Address	**Item 11.** Electrical Codes: Underground Initial (EB)	Surface Initial (ED)	Underground Retraining (EC)	Surface Retraining (EE)	Underground Reinstatement (RU)	Surface Reinstatement (RS)	**Item 12.** MSHA Use Only
1	MIIN _____ ◯ Mine Address (MSHA File) ◯ Contractor Address (MSHA File) ◯ Company Address (Item 1) ◯ Miner Requested Send to Address (Item 10)	Last Name _____ First Name _____ MI _____	Attn: _____ Street 1: _____ Street 2: _____ City: _____ State: _____ Zip: _____	☐ EB	☐ ED	☐ EC	☐ EE	☐ RU	☐ RS	
2	MIIN _____ ◯ Mine Address (MSHA File) ◯ Contractor Address (MSHA File) ◯ Company Address (Item 1) ◯ Miner Requested Send to Address (Item 10)	Last Name _____ First Name _____ MI _____	Attn: _____ Street 1: _____ Street 2: _____ City: _____ State: _____ Zip: _____	☐ EB	☐ ED	☐ EC	☐ EE	☐ RU	☐ RS	
3	MIIN _____ ◯ Mine Address (MSHA File) ◯ Contractor Address (MSHA File) ◯ Company Address (Item 1) ◯ Miner Requested Send to Address (Item 10)	Last Name _____ First Name _____ MI _____	Attn: _____ Street 1: _____ Street 2: _____ City: _____ State: _____ Zip: _____	☐ EB	☐ ED	☐ EC	☐ EE	☐ RU	☐ RS	

Certificate of Electrical Training

U.S. Department of Labor
Mine Safety and Health Administration

Return to:

MSHA Qualification & Certification Unit
P.O. Box 25367, DFC
Denver, CO. 80225
Phone: (303) 231-5472
Fax: (303) 231-5474

				Underground Initial (EB)	Surface Initial (ED)	Underground Retraining (EC)	Surface Retraining (EE)	Underground Reinstatement (RU)	Surface Reinstatement (RS)
4	MIIN _____ ◯ Mine Address (MSHA File) ◯ Contractor Address (MSHA File) ◯ Company Address (Item 1) ◯ Miner Requested Send to Address (Item 10)	Last Name _____ First Name _____ MI _____	Attn: _____ Street 1: _____ Street 2: _____ City: _____ State: _____ Zip: _____	☐ EB	☐ ED	☐ EC	☐ EE	☐ RU	☐ RS
5	MIIN _____ ◯ Mine Address (MSHA File) ◯ Contractor Address (MSHA File) ◯ Company Address (Item 1) ◯ Miner Requested Send to Address (Item 10)	Last Name _____ First Name _____ MI _____	Attn: _____ Street 1: _____ Street 2: _____ City: _____ State: _____ Zip: _____	☐ EB	☐ ED	☐ EC	☐ EE	☐ RU	☐ RS
6	MIIN _____ ◯ Mine Address (MSHA File) ◯ Contractor Address (MSHA File) ◯ Company Address (Item 1) ◯ Miner Requested Send to Address (Item 10)	Last Name _____ First Name _____ MI _____	Attn: _____ Street 1: _____ Street 2: _____ City: _____ State: _____ Zip: _____	☐ EB	☐ ED	☐ EC	☐ EE	☐ RU	☐ RS
7	MIIN _____ ◯ Mine Address (MSHA File) ◯ Contractor Address (MSHA File) ◯ Company Address (Item 1) ◯ Miner Requested Send to Address (Item 10)	Last Name _____ First Name _____ MI _____	Attn: _____ Street 1: _____ Street 2: _____ City: _____ State: _____ Zip: _____	☐ EB	☐ ED	☐ EC	☐ EE	☐ RU	☐ RS
8	MIIN _____ ◯ Mine Address (MSHA File) ◯ Contractor Address (MSHA File) ◯ Company Address (Item 1) ◯ Miner Requested Send to Address (Item 10)	Last Name _____ First Name _____ MI _____	Attn: _____ Street 1: _____ Street 2: _____ City: _____ State: _____ Zip: _____	☐ EB	☐ ED	☐ EC	☐ EE	☐ RU	☐ RS

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

Item 13. Signature for Instructor (I certify that the above individuals have completed the course/s indicated)

_____

Instructions for Completing MSHA Form 5000-1

Item 1. Company Name and Address
If in Item 8 on the form, *Company Address* is selected the full name and address of the company is required. This will be the address used to mail the Electrical Qualification cards.

Item 2. Mine ID or Contractor ID
The MSHA assigned MID or CID number may be filled in. This number was assigned by MSHA. If in Item 8 *Mine Address* or *Contractor Address* is selected then this becomes a required field. MSHA is no longer using miscellaneous Mine Id's or Contractor ID's example: XX-77003 and XX-77004

Item 3. Instructor's Name (REQUIRED)
Provide the Last Name, First Name of the instructor who gave the electrical training

Item 4. Instructor's MSHA Individual Identification Number (MIIN) (REQUIRED)
The MIIN number is an MSHA assigned number that all individuals must obtain to be used for training submissions to MSHA and also when contacting MSHA to verify records. If you need to obtain a MIIN please contact the Qualification and Certification Unit at 303-231-5472 or 800-579-2647.

Item 5. Name of the County and State Where Training Took Place (REQUIRED)
County and State is required to provide information to the appropriate district if the MID or CID is not used.

Item 6. AR/ROE No. (Required if training provided by MSHA or MSHA is reinstating the qualification)
This field is MSHA use only.

Item 7. Date Training Completed (REQUIRED)
The date the training was completed

Item 8. Individual Receiving Training MSHA Individual Identification Number (MIIN)
The MIIN number is an MSHA assigned number that all individuals must obtain to be used for training submissions to MSHA and also when contacting MSHA to verify records. If you need to obtain a MIIN please contact the Qualification and Certification Unit at 303-231-5472 or 800-579-2647.

Choice Where to Mail Cards (REQUIRED)
If Mine Address is selected Item 2 becomes Required.
If Contractor Address is selected Item 2 becomes Required.
If Company Address is selected Item 1 becomes Required.
If Miner Requested Send to Address is selected Item 10 becomes Required.

Item 9. Name (REQUIRED)
The Last Name, First Name, Middle Initial of the individual receiving training

Item 10. Miners Requested Send To Address
If the individual receiving training would like the Electrical Qualification Cards sent to a different address.
Required if Miner requested Send to Address is selected in Item 8.

Item 11. Electrical Codes (Some or all codes are REQUIRED)
These check boxes should be used to indicate which training the individual received.

EB – Initial Underground Training
ED – Initial Surface Training
EC – Retraining Underground
EE – Retraining Surface

Item 12. MSHA Use Only [codes]
Only MSHA personnel may use these codes. RU, RS codes are now used to reinstate Electrical Qualifications. An AR/ROE number is required in Item 6 to process these codes.

RU – Reinstatement Underground
RS – Reinstatement Surface

Item 13. Signature of Instructor (REQUIRED)
The signature of the Instructor mentioned in Item 3 must appear here to "Certify that the above individuals have completed the course(s) indicated."

Return to:
MSHA, Qualification & Certification
P.O. Box 25367, DFC
Denver, CO. 80225
Phone (303) 231-5472
Toll Free (800) 579-2647
Fax (303) 231-5474

Privacy Act Statement
30 CFR 75.153, and 77.103 authorize the collection of this information. This information will be used to determine if miners satisfy the requirements to obtain the certifications/qualifications sought and for MSHA to maintain records of these qualifications. Submission of the items identified in the instructions as required is mandatory and failure to submit the required information may delay or prevent action on the applications.