

## **Instructions for Completing the MSHA Individual Identification Number MIIN**

This information is intended only for the individual named in this document. If you are not the intended recipient, you are notified that use, disclosure, or distribution of the information is strictly prohibited and may be subject to criminal sanctions. If you received this information in error, please notify the Mine Safety and Health Administration Qualification and Certification Unit, P.O. Box 25367, Denver, CO 80225, locally in Colorado (303) 231-5472, toll free (800) 579-2647, Fax (303) 231-5474, E-Mail to: [ZZMSHA-EPDQC@DOL.GOV](mailto:ZZMSHA-EPDQC@DOL.GOV)

**Applying for and receiving a MIIN does not change your immigration status or your right to work in the United States.**

**Please print legibly**

### **Personal Identification number (REQUIRED)**

This will be your Social Security Number (SSN), Canadian Social Insurance Number (CSIN) for Canadian citizens working in the United States, or Individual Tax Identification Number (ITIN), foreign nationals working in the United States that do not have an SSN. Without the Personal Identification Number MSHA will not be able to move your current qualifications or approvals to your new MIIN number or issue a MIIN number to you.

### **Legal Name (REQUIRED)**

First Name is required  
Middle Initial  
Last Name is required  
Suffix (Jr., Sr., II etc.)

### **Mailing Address (REQUIRED)**

This is the address where you would like to have your MIIN information mailed to.

### **Questions for Miner Validation – (REQUIRED)**

Check one question only. Your selected question will be asked by MSHA personnel to validate that we are speaking to the actual MIIN holder when you call to request your records or to make changes. **You must remember your selected question.**

### **Answer to question – (REQUIRED)**

Supply a one word answer to the question you have selected.  
MSHA will ask the question you have selected and you will supply the answer to the question. **You must remember your selected answer.**

**Signature - (REQUIRED)**

**Date - (REQUIRED)**

**Return Form to: Mine Safety and Health Administration  
Qualification and Certification Unit  
P.O. Box 25367, DFC  
Denver, CO 80225  
Fax: 303-231-5474**