Safety and Health Activity Certification or Hoisting Engineer Qualification Request

This form is affected by the Privacy Act of 1974

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

Form Approved: OMB Number 1219-0127 Approval Expires **12/31/2017**

Item 1. Company name and address, if the address below is blank, information will be sent to the address selected in Item 4

Company Name _____

Attn: _____

Street 1 _____

Street 2 _____

City _____ State _____ ZIP _____

Item 2. Mine ID or **Contractor ID**

_____

30 CFR 75.100, 30 CFR 77.100 (Health and Safety Certification) establish the procedures under which miners are certified to make certain tests and examinations which are required by MSHA regulations to be performed by certified persons. For mines located in states that do not have provisions for certifying miners, 30 CFR 75.100 (c) (1) and 30 CFR 77.100 (b) (2) require mine operators to make application to MSHA to obtain certification for miners who meet certain minimum experience requirements. A certified person is one who has been certified as a Foreman, Asst. Forman (UG only), or Pre-shift Examiner (UG only).

30 CFR 75.155 and 30 CFR 77.105 (Hoisting Engineers Qualification) establish the procedures under which miners are qualified to operate hoists (Steam Driven/Electrical-UG; Slope & Shaft Sinking Operation-Sur). For mines located in states that do not have provisions for qualifying hoist operators, 30 CFR 75.155/77.105 require mine operators to make application to MSHA to obtain qualification for miners who meet certain minimum experience requirements.

MSHA form 5000-41 provides all 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 10 minutes per response for the electronic version and 17 minutes per response for the hard copy. 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 DOL/MSHA, Office of Standards Regulations and Variances, 1100 Wilson Blvd., Arlington, VA 22209, Paperwork Reduction Project (1219-0127). **NOTE: Do not send your completed form to this address.**

Office of Standards, Regulations and Variances
Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, VA. 22209-3939

	Item 3. MSHA Individual Identification Number (MIIN) **Item 4. Address Selector**	**Item 5. Name (Last, First, M)**	**Item 6. Miner Requested Send To Address**	**Item 7. Certifications**				**Item 8. Hoisting**	
				Surface	Underground Only			Hoisting Only	
				Foreman	Foreman	Assistant Foreman	Pre-Shift Examiner	Underground	Surface
1	**MIIN** _____ ○ Mine Address (MSHA File) ○ Contractor Address (MSHA File) ○ Company Address (Item 1) ○ Miner Requested Send to Address (Item 6)	Last _____ First _____ MI _____	Attn: _____ Street 1 _____ Street 2 _____ City _____ State _____ Zip _____	☐	☐	☐	☐	☐	☐
2	**MIIN** _____ ○ Mine Address (MSHA File) ○ Contractor Address (MSHA File) ○ Company Address (Item 1) ○ Miner Requested Send to Address (Item 6)	Last _____ First _____ MI _____	Attn: _____ Street 1 _____ Street 2 _____ City _____ State _____ Zip _____	☐	☐	☐	☐	☐	☐
3	**MIIN** _____ ○ Mine Address (MSHA File) ○ Contractor Address (MSHA File) ○ Company Address (Item 1) ○ Miner Requested Send to Address (Item 6)	Last _____ First _____ MI _____	Attn: _____ Street 1 _____ Street 2 _____ City _____ State _____ Zip _____	☐	☐	☐	☐	☐	☐

Return to:
MSHA, Qualification and Certification
P.O. Box 25367, DFC
Denver, CO. 80225

	Item 3. MSHA Individual Identification Number (MIIN) / Item 4. Address Selector	Item 5 Name (Last, First, M)	Item 6. Miner Requested Send To address	Item 7. Certifications: Surface: Foreman	Item 7. Certifications: Underground Only: Foreman	Item 7. Certifications: Underground Only: Assistant Foreman	Item 7. Certifications: Underground Only: Pre-Shift Examiner	Item 8. Hoisting: Hoisting Only: Underground	Item 8. Hoisting: Hoisting Only: Surface
4	MIIN _____ ○ Mine Address (MSHA File) ○ Contractor Address (MSHA File) ○ Company Address (Item 1) ○ Miner Requested Send to Address (Item 6)	Last _____ First _____ MI _____	Attn: _____ Street 1 Street 2 _____ City _____ State _____ Zip _____	☐	☐	☐	☐	☐	☐
5	MIIN _____ ○ Mine Address (MSHA File) ○ Contractor Address (MSHA File) ○ Company Address (Item 1) ○ Miner Requested Send to Address (Item 6)	Last _____ First _____ MI _____	Attn: _____ Street 1 _____ Street 2 _____ City _____ State _____ Zip _____	☐	☐	☐	☐	☐	☐
6	MIIN _____ ○ Mine Address (MSHA File) ○ Contractor Address (MSHA File) ○ Company Address (Item 1) ○ Miner Requested Send to Address (Item 6)	Last _____ First _____ MI _____	Attn: _____ Street 1 _____ Street 2 _____ City _____ State _____ Zip _____	☐	☐	☐	☐	☐	☐
7	MIIN _____ ○ Mine Address (MSHA File) ○ Contractor Address (MSHA File) ○ Company Address (Item 1) ○ Miner Requested Send to Address (Item 6)	Last _____ First _____ MI _____	Attn: _____ Street 1 _____ Street 2 _____ City _____ State _____ Zip _____	☐	☐	☐	☐	☐	☐

I certify that the information in this application is correct and that each person listed has had at least two years experience at a coal mine or equivalent experience and meets all applicable requirements of section 75.100 and 77.100.

False certification is punishable under section 110(a) and (f) of the Federal Mine Safety and Health Act (PL 91-173 as amended by PL95-164)

Item 10. Signature for Activity Certification Request _____ **Item 11. Date** _____

Title _____

Item 9. Type of Hoist: Electric Steam or Both

I certify that the persons listed are qualified to operate the type of hoist shown above, at a coal mine, that they had a least one year experience associated with this type of hoisting equipment and successfully operated a hoist at a mine for a period of six months immediately preceding this application

False certification is punishable under section 110(a) and (f) of the Federal Mine Safety and Health Act (PL 91-173 as amended by PL95-164)

Item 12. Signature for Hoisting Qualification Request _____ **Item 13. Date** _____

Title _____

Instructions for Completing MSHA Form 5000-41

Please Print Legibly

- **Item 1. Company Name and Address**
  The full name and address of the Company should be completely filled in. This is not required if the address selector in Item 4 is not selected as Company Address.

- **Item 2. Mine ID or Contractor ID (Required)**
  The MSHA assigned MID or CID number must be filled in

- **Item 3. 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 4. Address Selector, where the cards are to sent**
  - If Mine Address is selected the address on file for the MID in Item 2 will receive the cards
  - If Contractor Address is selected the address on file for the MID in Item 2 will receive the cards.
  - If Company Address is selected Item 1 becomes required.
  - If Miner Requested Send to Address is selected Item 6 becomes required.

- **Item 5. Name (Required)**
  Last, First, Middle Initial of individual receiving the qualification or certification

- **Item 6. Miner Requested Send to Address**
  If the individual receiving training would like the qualification or certification card sent to a different address. Required if Miner Requested Send to Address is selected in Item 4.

- **Item 7. Certifications (Required if request is for Activity Certification)**
  Choose the box designated for the type of certification requested

- **Item 8. Qualifications (Required if request is for Hoisting)**
  Choose the box designated for Hoisting Qualification requested

- **Item 9. Type of Hoist (Required if request is for Hoisting)**
  Choose the box designated for type of Hoist requested.

- **Item 10. Signature for Activity Certification Request (Required if request is for Activity Certification)**
  If a box in Item 7. is selected, the person requesting the individual be given Activity Certification needs to sign.

- **Item 11. Date (Required)**
  The date the Certification is being requested

- **Item 12. Signature for Hoisting Qualification (Required if request is for Hoisting Qualification)**
  If a box in Item 8 is selected, the person requesting the individual be given Hoisting Qualification needs to sign.

- **Item 13. Date (Required)**
  The date the Qualification is being requested

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

Privacy Act Statement
30 CFR 75.100, 77.100, 75.155 and 77.105 authorize the collection of this information. This information will be used to determine if miners satisfy the requirements to obtain the certification/qualification sought and for MSHA to maintain a record of these certifications/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 application.