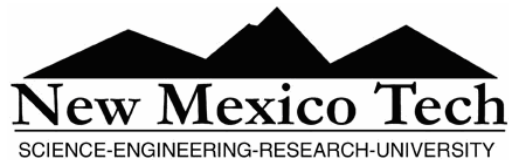




BUREAU OF MINE SAFETY



801 Leroy Place
Socorro, New Mexico 87801
Phone: (575) 835-5460
Fax (575) 835-5430
www.bmi.state.nm.us

Surface Mine Foreman

REQUIREMENTS FOR TESTING

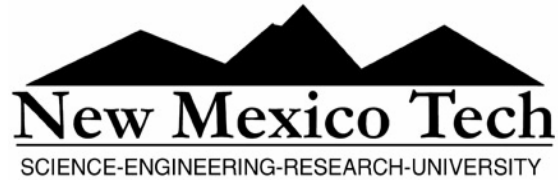
Degreed Engineers in a mining discipline must have at least 2 years of experience.

4 years of Surface Coal Mine Experience
Current in First Aid Training and Annual Refresher training
Certification by MSHA in Methane Detection/Oxygen deficiency
Valid driver's license
Additional information as required in the packet

EXAMINATION TOPICS

The Act
Qualified/Certified Persons
Mine Gases
Ground Control
Loading and Haulage and Surface Installations
Electrical
Fire Protection
Communications
First Aid
Explosives & Blasting
Mine Maps
Safeguards for Mechanical Equipment
Thermal Dryers
Personnel Hoisting
Auger Mining
Miscellaneous
Slope and Shaft Sinking

Part 47 - HazCom
Part 48 - Training
Part 50 - Accidents
Part 62 - Noise
Part 71 - Health



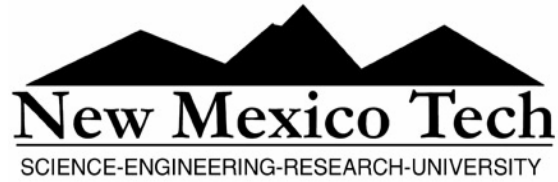
Bureau of Mine Safety
Instructions for filling out Application
For Examination as a Surface Coal Mine Foreman

- A. Items 1-6 are self explanatory.
- B. Item #7. New Mexico state law requires at least 4 years of experience in or about surface coal mines. Credit will be given to degreed engineers in mining disciplines that have at least 2 years of experience in or about surface coal mines.
- C. Item #8. Please attach a photocopy of any certificate held in the state of New Mexico.
- D. Item #9. Please attach a photocopy of any certificate held in any state other than New Mexico. (Applicants who are certified as Surface Mine Foreman in another state will be granted temporary certification upon receipt and review of completed application packet. Temporary certification will remain in effect until the next available examination date, but in no case shall exceed 90 calendar days.
- E. Item #10. Please attach a photocopy of the MSHA qualification card, or the certification/qualification roster signed by the MSHA qualifying official. If no card or qualification from MSHA has been issued but the applicant is Flame Safety Lamp qualified, applicant will be required to demonstrate the use of the gas detection device utilized at the current mine operation at the time of examination.
- F. Item #11. Self explanatory.
- G. Item #12. (These letters should attest to the moral character of the applicant, how long the person has known the applicant, knowledge of the applicants work experience etc. They should be individually authored and not a standard format signed by 4 different personnel.)

Examination Result Information:

Please insure that you understand that if this box is checked the examination results will be sent to only the applicant and will not be given to the applicants employer either orally or in written form.

If this box is checked the examination results will be sent to the applicant only at the address as stated above.



Bureau of Mine Safety
Application for
Surface Coal Mine Foreman Examination

1. Name: _____
2. Address: _____
3. Last four (4) digits of Social Security Number _____
4. Date of Birth _____
5. Present Employer: _____
 - a. Mine Name: _____
 - b. Mailing Address: _____
6. Present Position: _____
7. Total Number of years employed in surface coal mining: _____
8. Certifications held in New Mexico: _____
9. Certifications held in other states: _____
10. MSHA – Methane Detection/Oxygen Deficiency qualification.
11. Please attach (1) letter of recommendation from a company official to include the following:
 - a. Request for applicant to attend the examination for certification
 - b. Verification that applicant meets the residency requirements.
 - c. Verification that applicant is physically capable of performing the duties required of a mine foreman.
 - d. Statement that applicant is current in the Annual Refresher training, or has been trained as an Experienced Miner under 30CFR, Part 48 subpart A.
 - e. Verification of applicants work experience.
12. Please attach (4) additional letters of recommendation, two (2) of which must be from a New Mexico Resident.

Signature: _____ Date: _____

If this box is checked the examination results will be sent to the applicant only at the address as stated above.