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:**		
City:	**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:**		

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

TEACHING EXPERIENCE AND /OR WORK EXPERIENCE THAT COULD BE RELATED (SAFETY MEETINGS)

TRAINING / CERTIFICATES / DEGREES YOU'VE RECEIVED		
Course Title	**Provided By (MSHA, MSATS, etc.)**	**Year Received**

OTHER PERTINENT INFORMATION THAT MAY ASSIST IN DETERMINING YOUR QUALIFICATIONS.

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