

STATE OF CALIFORNIA
Division of Occupational Safety and Health

Mining and Tunneling Unit

Senior Engineer (South)
464 W. Fourth Street, Suite 354
San Bernardino, CA 92401-1400
(909) 383-6782

Senior Engineer (Central)
6150 Van Nuys Boulevard, Suite 310
Van Nuys, CA 91401-3333
(818) 901-5420

Senior Engineer (North)
2424 Arden Way, Suite 125
Sacramento, CA 95825
(916) 574-2540

Principal Engineer, M&T Unit
1367 East Lassen Avenue, Suite B-4
Chico, CA 95973
(530) 895-6938

Certification No. _____

SAFETY REPRESENTATIVE/GAS TESTER APPLICATION

Name of Applicant _____

First Middle Last

Home Address* _____

Street City State Zip

Home Phone () _____

Company's Name _____

Business Address _____

Street City State Zip

Business Phone () _____

Applicant's Description: Age _____ Weight _____ Height _____ Color Hair _____ Eyes _____ Sex _____

Social Security No. _____ - _____ - _____ Birthplace _____ Birth Date _____

Driver's License No. _____ State _____

1. Have you taken this Certificate Examination in California? Yes _____ No _____
2. Have you ever had this Certificate? Yes _____ No _____ Type _____ Cert.# _____
3. Have you ever had this Certificate revoked in California? Yes _____ No _____

TYPE OF CERTIFICATION REQUESTED: Safety Representative _____ Gas Tester _____

- | | |
|--|------------------------------|
| _____ (A) Underground Mining and Tunneling | _____ (D) Pipejacking/Boring |
| _____ (B) Tunneling | _____ (E) Limited |
| _____ (C) Underground Mining | |

The application fee is \$15.00 for the Certification and \$15.00 for renewals. Make checks or money orders payable to the State of California.

Applicant must appear in person to be certified. A Certification will be issued only to persons possessing sufficient knowledge and experience to perform the respective duties. The Certification will be issued after the Applicant has passed the examination and a background check has been made to determine the Applicant's qualifications.

Labor Code, Section 8003. Violation of regulations, rules, orders, or special orders adopted by the Board or Division as a condition of Certification shall be punishable by suspension or revocation of Certification unless such violation is responsible for death or injury to employees, in which case it shall be punishable as a misdemeanor.

* ***If you want your certificate sent to your place of business, a home address is not required. Your phone number is optional.***

* ***Do you want to have personal information released to potential employers?*** Yes No

(Complete reverse side)

Form 44B-1, 44C-1 (Rev. 08/12)

EXPERIENCE

(Use additional sheets if necessary)

Please list at least two years of qualifying experience.

Employer _____ Your Position _____
Address _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____
Job duties _____

Supervisor _____ Telephone No. _____

Employer _____ Your Position _____
Address _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____
Job duties _____

Supervisor _____ Telephone No. _____

Employer _____ Your Position _____
Address _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____
Job duties _____

Supervisor _____ Telephone No. _____

Employer _____ Your Position _____
Address _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____
Job duties _____

Supervisor _____ Telephone No. _____

Additional qualifying education, training, seminars, etc. _____

Other States' Licenses or Certificates, if any _____

I hereby certify under penalty of perjury that the information on this application is true and correct.

Date _____ Applicant's signature _____

Date _____ Examined by _____