

INDIVIDUAL RECOGNITION
Application For Consideration

NOTE: Please give complete information, including occupations(s) of individual and the total number of years without a lost time injury.

Name and Occupation of Miner recommended for award:

Last four (4) digits of Social Security No. _____

Name of Employer: _____

Address: _____

Virginia Mine Index No. _____ **MSHA I.D. No.** _____

Individual Categories: (Indicate One)

- Individual working 40+ Years or longer without a lost time injury**
- Individual working 30 Years or longer without a lost time injury**
- Individual working 20 Years or longer without a lost time injury**
- Individual working 10 Years or longer without a lost time injury**
- An underground mine working five consecutive years without a lost time injury; all miners will be recognized with a plaque.**
- A surface operation working ten consecutive years without a lost time injury; all miners will be recognized with a plaque.**

NOTE: Individuals may receive only one safety award within each category

Period of time worked by miner. (Give dates and locations worked and account for required time within category applied for.)

Person Completing Application

Signature

Title

Date

Application Deadline
March 31, 2016

Telephone