



COLORADO

**Division of Reclamation,
Mining and Safety**

Department of Natural Resources

1313 Sherman Street, Room 215
Denver, CO 80203

APPLICATION FOR TEMPORARY CERTIFICATION

Name: _____ MIIN: _____

Date: _____ Company: _____

Temporary Certification Desired:

Underground Mine Foreman Underground Electrical

Surface Mine Foreman Surface Electrical

Justification of Need:

Documentation of Qualification:

Board Action:

_____ Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>
_____ Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>
_____ Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>
_____ Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>

Temporary Certification: Approved: Disapproved:

Certification Issued From: _____ to: _____

8/24/14

