



This form is affected by the Privacy Act of 1974 Approved for use through April 4, 2004, OMB Number 1219-0001. This form replaces previous versions of Form 5000-1

**Item 1. Company Name and Address (If the address below is blank, information will be sent to address selected in Item 8.)**

Company Name \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Street 1 \_\_\_\_\_  
 Street 2 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

**Item 2. Mine ID and/or Contractor ID**

\_\_\_\_\_

**Item 7. Date Completed**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 M M D D Y Y Y Y

**Item 3. Instructor's Name**

\_\_\_\_\_

**Item 4. Instructor's Social Security Number:** \_\_\_\_\_

**Item 5. Name of County and State Where Training Took Place**

(State 2 Letter Alpha)

**Item 6. AR/ROE No. (MSHA only)**

\_\_\_\_\_

**Item 11. Electrical Codes**

**Item 12. MSHA Use Only**

30 CFR 75.153 and 77.103 (Electrical work Qualified person) establish the procedures under which miners are qualified to perform electrical work in the underground and surface coal mines. MSHA Form 5000-1 provides coal mine operators with a standard reporting format which expedites the certification and qualification process while ensuring compliance with regulations. The information provided on the form enables MSHA to determine if miners satisfy the requirements to obtain the certification/qualification sought. This collection of information is covered by the Privacy Act notice published in the Federal Register. Computer safeguards are as described in the National Bureau of Standards Publication, *Computer Security Guidelines for Implementing the Privacy Act of 1974*, and in accordance with procedures developed by MSHA under GSA Circular E-34. Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Records Management Branch • Mine Safety and Health Administration • 1100 Wilson Boulevard • Arlington, VA 22209-3939

**Item 8. Social Security Number**

**Item 9. Name (Last, First, MI)**

**Item 10. Address If Sent To The Miner**

			Underground Initial (EB)	Surface Initial (ED)	Underground Retraining (EC)	Surface Retraining (EE)	Underground Reinstatement (RU)	Surface Reinstatement (RS)
<b>1.</b>	_____ <input type="checkbox"/> Mine Address (MSHA File) <input type="checkbox"/> Contractor Address (MSHA File) <input type="checkbox"/> Company Address (Item 1) <input type="checkbox"/> Miner Address (Item 10)	Last _____ First _____ MI _____	Attn: _____ Street 1: _____ Street 2: _____ City: _____ State: ____ Zip: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	_____ <input type="checkbox"/> Mine Address (MSHA File) <input type="checkbox"/> Contractor Address (MSHA File) <input type="checkbox"/> Company Address (Item 1) <input type="checkbox"/> Miner Address (Item 10)	Last _____ First _____ MI _____	Attn: _____ Street 1: _____ Street 2: _____ City: _____ State: ____ Zip: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	_____ <input type="checkbox"/> Mine Address (MSHA File) <input type="checkbox"/> Contractor Address (MSHA File) <input type="checkbox"/> Company Address (Item 1) <input type="checkbox"/> Miner Address (Item 10)	Last _____ First _____ MI _____	Attn: _____ Street 1: _____ Street 2: _____ City: _____ State: ____ Zip: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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			Underground Initial (EB)	Surface Initial (ED)	Underground Retraining (EC)	Surface Retraining (EE)	Underground Reinstatement (RU)	Surface Reinstatement (RS)
<p>4.</p> <p>_____ - _____ - _____</p> <p><input type="checkbox"/> Mine Address (MSHA File)  <input type="checkbox"/> Contractor Address (MSHA File)  <input type="checkbox"/> Company Address (Item 1)  <input type="checkbox"/> Miner Address (Item 10)</p>	Last _____	Attn: _____	<input type="checkbox"/> EB	<input type="checkbox"/> ED	<input type="checkbox"/> EC	<input type="checkbox"/> EE	<input type="checkbox"/> RU	<input type="checkbox"/> RS
	First _____	Street 1: _____						
	MI _____	Street 2: _____						
	_____	City: _____ State: ____						
	_____	Zip: _____ - _____						
<p>5.</p> <p>_____ - _____ - _____</p> <p><input type="checkbox"/> Mine Address (MSHA File)  <input type="checkbox"/> Contractor Address (MSHA File)  <input type="checkbox"/> Company Address (Item 1)  <input type="checkbox"/> Miner Address (Item 10)</p>	Last _____	Attn: _____	<input type="checkbox"/> EB	<input type="checkbox"/> ED	<input type="checkbox"/> EC	<input type="checkbox"/> EE	<input type="checkbox"/> RU	<input type="checkbox"/> RS
	First _____	Street 1: _____						
	MI _____	Street 2: _____						
	_____	City: _____ State: ____						
	_____	Zip: _____ - _____						
<p>6.</p> <p>_____ - _____ - _____</p> <p><input type="checkbox"/> Mine Address (MSHA File)  <input type="checkbox"/> Contractor Address (MSHA File)  <input type="checkbox"/> Company Address (Item 1)  <input type="checkbox"/> Miner Address (Item 10)</p>	Last _____	Attn: _____	<input type="checkbox"/> EB	<input type="checkbox"/> ED	<input type="checkbox"/> EC	<input type="checkbox"/> EE	<input type="checkbox"/> RU	<input type="checkbox"/> RS
	First _____	Street 1: _____						
	MI _____	Street 2: _____						
	_____	City: _____ State: ____						
	_____	Zip: _____ - _____						
<p>7.</p> <p>_____ - _____ - _____</p> <p><input type="checkbox"/> Mine Address (MSHA File)  <input type="checkbox"/> Contractor Address (MSHA File)  <input type="checkbox"/> Company Address (Item 1)  <input type="checkbox"/> Miner Address (Item 10)</p>	Last _____	Attn: _____	<input type="checkbox"/> EB	<input type="checkbox"/> ED	<input type="checkbox"/> EC	<input type="checkbox"/> EE	<input type="checkbox"/> RU	<input type="checkbox"/> RS
	First _____	Street 1: _____						
	MI _____	Street 2: _____						
	_____	City: _____ State: ____						
	_____	Zip: _____ - _____						
<p>8.</p> <p>_____ - _____ - _____</p> <p><input type="checkbox"/> Mine Address (MSHA File)  <input type="checkbox"/> Contractor Address (MSHA File)  <input type="checkbox"/> Company Address (Item 1)  <input type="checkbox"/> Miner Address (Item 10)</p>	Last _____	Attn: _____	<input type="checkbox"/> EB	<input type="checkbox"/> ED	<input type="checkbox"/> EC	<input type="checkbox"/> EE	<input type="checkbox"/> RU	<input type="checkbox"/> RS
	First _____	Street 1: _____						
	MI _____	Street 2: _____						
	_____	City: _____ State: ____						
	_____	Zip: _____ - _____						

False certification is punishable under section 110(a) and (f) of the Federal Mine Safety and Health Act (PL 91-173 as amended by PL 95-164).

Item 13. Signature for Instructor (I certify that the above individuals have completed the course/s indicated.)

\_\_\_\_\_