



This form is affected by the Privacy Act of 1974 Approved for use through May 31, 20XX, 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 5 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)
1.	_____ - _____ - _____ <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"/>
2.	_____ - _____ - _____ <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"/>
3.	_____ - _____ - _____ <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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MSHA Qualification & Certification
P.O. Box 25367
Denver, CO. 80225
Phone (303) 231-5472
Fax (303) 231-5474

				Underground Initial (EB)	Surface Initial (ED)	Underground Retraining (EC)	Surface Retraining (EE)	Underground Reinstatement (RU)	Surface Reinstatement (RS)
4.	<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)	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"/>	<input type="checkbox"/>
5.	<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)	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"/>	<input type="checkbox"/>
6.	<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)	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"/>	<input type="checkbox"/>
7.	<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)	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"/>	<input type="checkbox"/>
8.	<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)	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"/>	<input type="checkbox"/>

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.)

Instructions for Completing MSHA Form 5000-1

· **Item 1. Company Name and Address**

If in Item 8 on the form, *Company Address* is checked the full name and address of the company is required in. This will be the address used to mail the Electrical Qualification cards.

· **Item 2. Mine ID or Contractor ID**

The MSHA assigned MID or CID number may be filled in. This number was assigned by MSHA. If in Item 8 *Mine Address* or *Contractor Address* is marked then this becomes a required field. MSHA is no longer using miscellaneous Mine ID's or Contractor ID's example: XX-77003 and XX-77004.

· **Item 3. Instructor's Name (Required)**

Provide the Last Name, First Name of the instructor who gave the electrical training.

· **Item 4. Instructor's Social Security Number (Required)**

This is a required field. The instructor is only allowed to teach what they are approved to teach through MSHA.

· **Item 5. Name of the County and State Where Training Took Place (Required)**

This is a required field. County and State is required to provide information to the appropriate district if the MID or CID is not used.

· **Item 6. AR/ROE No. (Required if training provided MSHA or MSHA is reinstating the qualification)**

This field is for MSHA use only.

· **Item 7. Date Training Completed (Required)**

This is a required field for the date that the training was completed.

· **Item 8. Social Security Number and Choice for Where to Mail Cards (Required)**

This is a required field. The individuals' social security number is required. The box as to where to mail qualification cards is also required. If the box labeled *Mine Address* or *Contractor Address* is checked then Item 2 becomes a required field. If box *Company Address* is checked then Item 1 is required. If the box *Miner Address* is checked then Item 10 becomes a required field.

· **Item 9. Name (Required)**

This is a required field. Input the Last, First, Middle Initial for the individual that has receiving the training.

· **Item 10. Address if Sent to the Miner**

Fill in the Miners information if in Item 8 the box *Miner Address* was selected. This is the address that the cards will be mailed to.

· **Item 11. Electrical Codes (Some or all codes required)**

These check boxes should be used to indicate which training the individual received.

- EB- Initial Underground Training
- ED- Initial Surface Training
- EC- Retraining Underground
- EE- Retraining Surface

· **Item 12. MSHA Use only [codes]**

Only MSHA personnel may use these codes. RU, RS codes are now used to reinstate Electrical Qualification.

- RU- Reinstatement Underground
- RS- Reinstatement Surface

· **Item 13. Signature of Instructor (Required)**

The signature of the Instructor mention in Item 3 must appear here to "Certify that the above individuals have completed the course(s) indicated."

Return to:
MSHA Qualification & Certification
P.O. Box 25367
Denver, CO. 80225
Phone (303) 231-5472
Fax (303) 231-5474

Privacy Act Statement

30 CFR 75.153, and 77.103 authorize the collection of this information. This information will be used to determine if miners satisfy the requirements to obtain the certification/qualification sought and for MSHA to maintain a record of these qualifications. Submission of the items identified in the instructions as required is mandatory and failure to submit the required information may delay or prevent action on the application. Collection of social security numbers as part of this form is mandatory and is authorized by Sec. 7(a)(2)(B) of the Privacy Act.