



**Mine Safety and Health Administration**

MSHA - Protecting Miners' Safety and Health Since 1978



Notification of Representative of Miners

**Step 1: Mine Information** > [Step 2: Representative Information](#) > [Step 3: Add Alternative Representatives](#) > [Step 4: Add Designated By](#) > [Step 5: Summary](#)

Step 1: Mine Information

I wish to designate a representative of miners for the following mine:

\*MSHA Mine ID:

I certify that as the individual completing this form I have been designated as the representative of miners for this mine. I understand that I must have a valid email address to complete and to electronically "sign" this form

(\* Required Fields)

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Notification of Representative of Miners

**Step 1: Mine Information** > [Step 2: Representative Information](#) > [Step 3: Add Alternative Representatives](#) > [Step 4: Add Designated By](#) > [Step 5: Summary](#)

Step 1: Mine Information

I wish to designate a representative of miners for the following mine:

\*MSHA Mine ID:

Name of Mine Company

Name of Mine

City

County

I certify that as the individual completing this form I have been designated as the representative of miners for this mine. I understand that I must have a valid email address to complete and to electronically "sign" this form

(\* Required Fields)

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### Notification of Representative of Miners

Step 1: Mine Information > **Step 2: Representative Information** > Step 3: Add Alternative Representatives > Step 4: Add Designated By > Step 5: Summary

#### Step 2: Representative Information

##### New Representative of Miners:

\*The representative of miners is an:       Organization    Individual

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Step 2: Representative Information

New Representative of Miners:

\*The representative of miners is an:       Organization  Individual

**Contact Information**

* First Name	<input type="text"/>	* Street/P.O. Box	<input type="text"/>
* Last Name	<input type="text"/>	* City	<input type="text"/>
* Title	<input type="text"/>	* Country	USA <input type="button" value="v"/>
* Phone	<input type="text"/>	* State	Select a state... <input type="button" value="v"/>
Ext.	<input type="text"/>	* Zip Code	<input type="text"/>
*Email Address	<input type="text"/>		

(To continue to the next step, the email address provided above must be valid and accessible. For verification purposes a security key will be sent to this email address and the form cannot be completed until the security key is retrieved.)

 

(\* Required Fields)

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For verification purposes, a security key has been emailed to the address you provided. Once you receive that email, please enter it below to continue. This key is necessary to "electronically sign" this form. It may take a few moments to receive the email.

**Security  
Key**

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[Click here to continue](#)

**DO NOT CLOSE THIS BROWSER WINDOW. You must leave this browser window open until you receive the security key. Depending on your email system, this may take up to several minutes. If you close this window before receiving the security key, the key will become invalid and you must go through the registration process again.**

(\* Required Fields)

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Step 3: Add Alternative Representatives

**\*Scope of Authority:**

- I certify that I am representative of miners for all purposes of the Federal Mine Safety and Health Act of 1977.
- I certify that I am representative of miners but that my authority is subject to limitations.

The following will serve as additional or alternate representatives: [Add Representative](#)

None Listed

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Step 3: Add Alternative Representatives

**Scope of Authority:**

I certify that I am representative of miners for all purposes of the Federal Mine Safety and Health Act of 1977.

I certify that I am representative of miners but that my authority is subject to limitations.

Authority Limitations:

The following will serve as additional or alternate representatives: [Add Representative](#)

None Listed

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Step 3: Add Alternative Representatives

Individual  Organization

Contact Information

\* First Name

\* Street/P.O. Box

\* Last Name

\* City

\* Title

\* Country

\* State

\* Zip Code

Add Representative

Return to Representative summary page

(\* Required Fields)

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- I certify that I am representative of miners for all purposes of the Federal Mine Safety and Health Act of 1977.
I certify that I am representative of miners but that my authority is subject to limitations.

The following will serve as additional or alternate representatives: Add Representative

Table with 5 columns: Name, Type, Address, Delete, Edit. Row 1: John Doe, Miner Rep, Individual, 123 Elm Street, Denver, CO 80225

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Step 4: Add Designated By

**Confidential**

\*Designated By:  (Name of two or more miners who work at the mine)

\*Enter Phone Number:

Add Designee Information

Designee Name	Designee Phone Number	
John Doe	(111) 111-1111	<a href="#">Delete</a>
John Doe II	(222) 222-2222	<a href="#">Delete</a>

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(\* Required Fields)

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**Justification of Representative of Miners**

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**Mine Information** [Edit](#)

**Mine Id**  
**Name of Mine**  
**Company**  
**Name of Mine**  
**City**  
**County**

**Representative Information** [Edit](#)

**Representative Type** Individual  
**Name** SS SS, SS  
**Address** P.O. Box 123  
Denver, CO 80225  
**Phone** (111) 111-1111  
**Email Address** ---  
**Authority limitations** Representative certifies there are no limitations

**Alternative Representatives Information** [Edit](#)

Name	Type	Address
John Doe, Miner Rep	Individual	123 Elm Street, Denver, CO 80225

**Designees Information** [Edit](#)

Confidential

Designee Name	Designee Phone Number
John Doe	(111) 111-1111
John Doe II	(222) 222-2222

**Signature**

**REPRESENTATIVE OF MINERS**

I certify that I have been designated as representative by at least two miners who work at the mine. I certify that all information being filed is true and correct. A copy of this form has been delivered to the mine operator of the affected mine prior to or concurrently to the filing of this statement.

Signature of Official completing **Representative of Miners** **Title** **Date**  
 (Type name exactly as shown)  6/2/2014  
 Submitted By: --

[Cancel and return to menu](#)