Mine Safety & Health Administration

Request for MSHA Individual Identification Number (MIIN)

OMB Number 1219-0143, Approval expires 11/30/2026

This form is affected by the Privacy Act of 1974. See page 2.

The Mine Safety and Health Administration (MSHA) will issue a MSHA Individual Identification Number (MIIN) to persons seeking qualifications and/or certification under 30 CFR Part 48, Part 70, Part 71, Part 75.100, 75.153, 75.155, Part 77.100, 77.103, 77.104, 77.105 and Part 90. Completion of this form is mandatory, as this number will be used for all applications for certifications or qualifications and will also cover any prior certification or qualification issued by MSHA. This number will be used for all occurrences of training or applications to MSHA that are submitted by the mining operator, instructor, State, or person applying to be an MSHA approved instructor. Once MSHA receives this request, a MIIN will be mailed to the address provided below. This number must be used when applying for or receiving qualifications or certifications and when contacting MSHA for questions or corrections of information. This number will also be used to identify miners who have exercised their option to work in areas of a mine with respirable dust concentration at or below .5milligrams per cubic meter of air under 30 CFR Part 90. Information on this form will be kept confidential to the extent allowed by the law.

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 need, and completing and reviewing the collection of information. Send comments regarding the collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Mine Safety and Health Administration, Office of Standards, Regulations, and Variances, 200 Constitution Avenue NW, Room C3522 Washington, DC 20210. Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number.

Please read instructions before entering information on the form. See page 2.

Personal Identification Number: _____ Type of ID: SSN ☐ CSIN ☐ ITIN ☐

Enter Legal Name

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Mailing Address:

1st Street: _____

2nd Street: _____

City: _____ State _____ Zip code: _____

Country: _____

Questions will be used for personal validation. Select one question that MSHA may use to validate that we are speaking to the actual MIIN holder.

Select check box for question to be answered. Use a single word answer for selected question.

☐ 1. What is your grandfather's first name?

☐ 2. What is the name of the city/town you were born in?

☐ 3. What was the model of your first vehicle?

☐ 4. What is the name of your favorite sports team?

☐ 5. What was your first pet's name?

Answer: _____

False certification is punishable under section 110(a) and (f) of the Federal Mine Safety and Health Act (PL91-173 as amended by PL-95-164).

Signature: _____ Date: _____

Return form for processing or direct any questions about this application to:

MSHA, Qualification and Certification Unit
P.O. Box 25367, DFC
Denver, CO 80225
Phone: (303) 231-5472
Toll Free: (800) 579-2647
Fax: (303) 231-5474
zzmsha-epdqc@dol.gov

Submit Form

MSHA Form 5000-46
(Rev.) July 2026
Previous editions are obsolete

Instructions for completing the MSHA Individual Identification Number (MIIN)
OMB Number 1219-0143, Approval expires 7/31/2026

This information is intended only for the individual named in this document. If you are not the intended recipient, you are notified that use, disclosure, or distribution of the information is strictly prohibited and may be subject to criminal sanctions. If you received this information in error, please notify the Mine Safety and Health Administration Qualification and Certification Unit, P.O. Box 25367, Denver, CO 80225, locally in Colorado (303) 231-5472, toll free (800) 579-2647, Fax (303) 231-5474, E-mail to: **ZZMSHA-EPDQC@DOL.GOV**

Applying for and receiving a MIIN does not change your immigration status or your right to work in the United States.

Privacy Act Notice

This is Privacy Act of 1974, as amended, information and is protected as provided in the system of records notice (SORN), DOL/MSHA-1, Mine Safety and Health Administration Standardized Information System (MSIS). Privacy Act of 1974; Publication in Full of All Notices of Systems of Records, Including Several New Systems, Substantive Amendments to Existing Systems, Decommissioning of Obsolete Legacy Systems, and Publication of Proposed Routines Uses, 81 FR 25766, 25812-15 (2016). (https://www.federalregister.gov/documents/2016/04/29/2016-09510/privacy-act-of-1974-publication-in-full-of-all-notices-of-systems-of-records-including-several-new) Under 31 U.S.C. 7701(c), MSHA uses this information to assign a unique identifier to each individual, who will be doing business with the agency. MSHA approves, qualifies, or certifies miners and others for work such as instructors, electricians, and Part 90 miners.

Please enter legibly:

Personal Identification Number (REQUIRED)
This will be your Social Security Number (SSN), Canadian Social Insurance Number (CSIN) for Canadian citizens working in the United States, or Individual Tax Identification Number (ITIN), foreign nationals working in the United States that do not have an SSN. Without the Personal Identification Number MSHA will not be able to move your current qualifications or approvals to your new MIIN number or issue a MIIN number to you.

Legal Name (REQUIRED)
First Name is required Middle
Initial Last Name is required
Suffix (Jr., Sr., II etc.)

Mailing Address (REQUIRED)
This is the address where you would like to have your MIIN information mailed to.

Questions for Miner Validation (REQUIRED)
Check one question only. Your selected question will be asked by MSHA personnel to validate that we are speaking to the actual MIIN holder when you call to request your records or to make changes. **You must remember your selected question**.

Answer to question (REQUIRED)
Supply a one word answer to the question you have selected. MSHA will ask the question you have selected and you will supply the answer to the question. **You must remember your selected answer.**

Signature (REQUIRED)

Date (REQUIRED)

Return form for processing or direct any questions about this application to:

MSHA, Qualification and Certification Unit
P.O. Box 25367, DFC
Denver, CO 80225
Phone: (303) 231-5472
Toll Free: (800) 579-2647
Fax: (303) 231-5474
zzmsha-epdqc@dol.gov

Submit Form

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