



# Award Application for Individual Officials and Work Unit

(Type B-2 Awards)

JAH USE ONLY

(Please type or print)

Work unit: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

(Complete ONLY if name of supervisor is to appear on the certificate)

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_

Street address

City

State

Zip

Type of industry: \_\_\_\_\_

Copper smelter, cement plant, petroleum refinery, coal or metal, UG or surface, etc.

Dates covered by the record: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Beginning Ending

Total workhours of exposure covered by the record: \_\_\_\_\_  
Date of last injury with lost workdays: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Average number of employees supervised by official: \_\_\_\_\_

MSHA Mine ID #: \_\_\_\_\_

Names of employees within the work group: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

_____	____	____	____	____
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_____	____	____	____	____

(Use reverse side for additional names)

<b>MAIL COMPLETED FORM TO:</b>	<b>Internet:</b>	zzMSHA-HolmesSA@dol.gov
U.S. Department of Labor	<b>Telephone:</b>	(202) 693-9574
Mine Safety & Health Administration	<b>Fax:</b>	(202) 693-9571
Joseph A. Holmes Safety Association		
1100 Wilson Boulevard, Room 2147		
Arlington, VA 22209-3939		