Application for 10/20/30 Year Individual Awards and 40 Year B-1 Awards

JAH USE ONLY

(Please type or print)

_____, _____ is recommended for a
Last name, first name, middle initial — Occupation

10 **20** **30** **40** -year award for injury-free non-office employment in the mineral extractive
Circle one

or allied industries. For the period of time: _____ to _____
Month/Day/Year — Month/Day/Year

Employed by: _____ at _____
Company name — Mine or plant name

Located in: _____ Type of operation: _____
Location of mine or plant — UG, surface, prep plant, etc.

Principal product: _____

Recommended by: _____ Date ___/___/___

MSHA Mine ID #: _____ Last four digits of SSN: _____

*Brief details of previous employment, if any: _____

_____

We certify that _____ is presently employed by _____

and to the best of our ability we have verified that the service shown has been injury-free.

Company _____

Address _____

City/Town _____ State _____ Zip code _____

Signature _____

Title _____

_____

MAIL COMPLETED FORM TO:

U.S. Department of Labor
Mine Safety & Health Administration
Joseph A. Holmes Safety Association
1100 Wilson Boulevard, Room 2147
Arlington, VA 22209-3939

Internet: zzMSHA-HolmesSA@dol.gov
Telephone: (202) 693-9574
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