

If so, what is the date of that class.

New York State Department of Labor

Mine Safety Training Program Request for Training Assistance

The New York State Department of Labor has provided mine safety and health training to the mine operators of New York State since 1979. Our Program staff is experienced professionals who conduct the required Part 46 training by request and at the employer's class site. Our training programs address the specific hazards of surface mining and focus on preventing accidents. Employers who operate surface mines may use this form to request annual training. Employers are responsible for submitting a class roster on forms developed by the Department. Requests must be submitted timely and the Department must have a written request on file for all class sessions. All mine employers and contractors are required to submit a copy of their current Part 46 Training plan with this application to the NYS Department of Labor. Information about Part 46 training, training plans and enforcement activities can be viewed at www.msha.gov See the link to online filing.

Type of Training Requested:		Date of Last Training Conducted			
I. Employer Informati	ion				
Name of Employer					
Employer Address					
City, State, Zip					
Contact Person		T	itle		
E-Mail		P1	hone		
Mine ID/or Contractor Designation		F	ax		
Type of Mining		F	EIN		
II. Class Sponsors (Plea	ase answer if you are spo	nsoring a session	n and will arrange for a location)		
Do you want to sponsor a session?		Class Locati	ion		
Do you have a class site for this session?		Class Addre	ess		
Does this class site have tables and chairs for all?		Class City			
Will this class session be open to other companies?		Class State,	Zip		
May other companies contact you to register?		Number of I	Employees		
What arrangements regarding coffee, water or lunch can be made for this class?					
III. Other Companies (I	Please answer if you are	not sponsoring a	class, but like to attend a session)		
Are you sending employees to	?				
If so, what is the name of the co					

IV.	Traini	ng Certificates						
Name o	of Person	Responsible for Safety at Yo	our Company					
Do you	plan to	conduct hazard training at thi	is session?					
Phone	E-mail Address							
V. (Add ac		Locations information on company lett	terhead if you ha	we more than ?	3 mine locations.)			
Mine #1 Name Plant Manager			Mine ID Number Phone Number		No. of Employees			
Mine #2 Name Plant Manager				ne ID Number one Number		No. of Employees		
	3 Name Janager			ne ID Number one Number		No. of Employees		
location Safety There classr	on and clay and Heate is no chay oom prov	included in their current Part 46 assroom availability. Training is alth Administration through MSI arge for the instructional portion yided by employers who sponsors and time frames for class regist	s provided under a HA's State Grants of our training. T r our sessions. Ple	grant received f Program is subj here may be fee	from the U.S. Departed to the monitoring depending upon the	rtment of Labor, the Mine ag requirement of the program. the location and type of		
availa registe make attend or inte	ability. At ering stud all other of lance of a ermittent	f this request, Program staff will fter training dates are sent, a not lents and submitting a class roste employers aware of the conditio all companies and limit each sess to use our services. Unless, note proximately 4:00pm.	tice will be sent vere to us in a timely ons of this request. sion to an appropr	erifying the sessi y manner. Mine The NYS Depa iate number of s	ion. The class spons employers who spo artment of Labor res students. Mine opera	sor is responsible for onsor training sessions must serves the right to approve ations must be listed as active		
The			-4-i4 i 41-i	1:4: :		A the tonining and a second		
imple	mented, a	certifies that the information con as indicated in this application, n he NYS Department of Labor pro	neet the requireme	ents of 30 CFR I	Part 46. The above r	referenced company hereby		
By ch	ecking thi	is box, you indicate that you full d have read the "Contract Agree	ly understand the	liabilities associ	ated with providing	your signature and employer		
Name					ate			
		<u>n</u> New York State Program Room 16	_	ng@labor.ny.gof Labor Min State Campi	<u>gov</u> le Safety Trainin us Albany, NY 1	C		