NEW TASK TRAINING RECORD/CERTIFICATE

Miner's Full Name (**PRINT**): _____

Contractor Name: _____

New Task 20 CFR Part 46.7	Subject Length	Date	Competent Person	Location (Name & Address of Institution	Miner's Initials

False certification is punishable under section 110(a) and (f) of the Federal Mine Safety and Health Act.

I certify that the above training has been completed as of the date I sign.

_____ _____

Person Responsible for Safety (Per Training Plan) Date