



Application for 10/20/30 Year Individual Awards or 40 Year Individual Award (Type B-1)

JAH USE ONLY

(Please type or print)

_____ is recommended for a

First name Middle Initial Last Name

Select year type
10 20 30 40 - Year award for injury-free non-office employment in the mineral extractive or allied industries. For the period of time:

Beginning Ending

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

Located in: _____ Type of operation: _____ Mine ID #: _____
Location of mine or plant UG, surface, prep plant, etc. MSHA ID #

Principal product: _____

Recommended by: _____ Date _____

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 has been injury-free.

Company: _____

Address: _____

City: _____ State _____ Zip Code _____

Signature: _____

Title: _____

MAIL COMPETED FORM TO:
Joseph A. Holmes Safety Association
P.O. Box 9375
Arlington, VA 22219

Email: Awards@HolmesSafety.org

Telephone: (703) 235-0249

Fax: (703) 235-0011