

MINING AND PETROLEUM TRAINING SERVICE  
University of Alaska

**PARTICIPATION FORM - MSHA**

**PLEASE PRINT**

COURSE NAME \_\_\_\_\_ DATE(S) \_\_\_\_\_

LOCATION \_\_\_\_\_ INSTRUCTOR(S) \_\_\_\_\_

NAME \_\_\_\_\_ SSN \_\_\_\_\_  
First Full Middle Last

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

POSITION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Mining and Petroleum Training Service will not release your training records unless pre-authorized by YOU to do so.**

Check a box:

**Yes**, release information (sign below)       **No**, do not release information (no signature)

Signature \_\_\_\_\_  
(must have to release information)

**Optional information. Please check appropriate box:**

American Indian/Alaska Native

Hispanic

African American

Asian/Pacific Islander

White, Non-Hispanic

\_\_\_\_\_

**Please check appropriate box:**

**Do you work for a company that is contracted by a mine to perform work at the mine site?**

**Yes**       **No**

**Are you an individual miner or employee of a mine?**

**Yes**       **No**

**Are you employed at a SMALL mine (1-5 employees)?**

**Yes**       **No**