

**Certificate of Training**

U.S. Department of Labor  
Mine Safety and Health Administration



Approved OMB Number 1219-0009, Expires July 31, 2014.

This certificate is required under Public Law 91-173 as amended by Public Law 95-164. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164.

Issue Certificate Immediately  
Upon Completion of Training

Serial Number (for operator's use)  
48B

1. Print Full Name of Person Trained (first, middle, last)  
Cody Ryan Dickey

2. Check Type of Approved Training Received:

- Annual Refresher       Experienced Miner       Hazard Training  
 New Task (specify below)       Newly Employed Inexperienced Miner       Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr			Instr
		Stucl			Stucl

3. Check Type of Operation and Related Industry:

- A.  Surface       Construction       Underground       Shaft & Slope  
 B.  Coal       Metal       Nonmetal

4. Date Training Requirements Completed

01/13/2025

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment       Roof/Ground Control & Ventilation       Health  
 Hazard Recognition       Mine Map; Escapeways; Emergency Evacuation; Barricading       Electrical Hazards  
 Emergency Medical Procedures       Cleanup; Rock Dusting       First Aid  
 H&S Aspects of Tasks Assigned       Mandatory Health & Safety Standards       Mine Gases  
 Statutory Rights of Miners       Authority & Responsibility of Supervisors & Miners Representatives       Explosives  
 Self-Rescue & Respiratory Devices       Prevention of Accidents  
 Transport & Communications Systems       Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed (signature of person responsible for training)

*Signature of person responsible for training*

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Y68  
James E. Bruce Convention Center  
303 Conference Center Dr.  
Hopkinsville, KY 42240

8. Date

01/13/2025

I verify that I have completed the above training (signature of person trained)

*Cody Dickey*