



Certificate of Training

OMB Control Number 1219-0009, Approval Expires 5/31/2027

This certificate is required under the Federal Mine Safety and Health Act of 1977 (Mine Act), Pub. L. 95-164 (Nov. 9, 1977), as amended. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110 of the Mine Act. This form is affected by the Paperwork Reduction Act (see page 4).

Issue Certificate immediately upon Completion of Training	Serial Number (for operator's use) 48b
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1. Print Full Name of Person Trained (first, middle, last)

Todd M. True

2. Check Type of Approved Training Received:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Annual Refresher | <input type="checkbox"/> Experienced Miner | <input type="checkbox"/> Hazard Training |
| <input type="checkbox"/> New Task (Specify below) | <input type="checkbox"/> New Miner | <input type="checkbox"/> Other (Specify) |

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- | | | | |
|--|---------------------------------------|--------------------------------------|---------------------------------------|
| A. <input checked="" type="checkbox"/> Surface | <input type="checkbox"/> Construction | <input type="checkbox"/> Underground | <input type="checkbox"/> Shaft & Slop |
| B. <input type="checkbox"/> Coal | <input type="checkbox"/> Metal | <input type="checkbox"/> Nonmetal | |

4. Date Training Requirements Completed

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):

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

6. False certification is punishable under section 110(a) and (f) of the Mine Act.	I certify that the above training has been completed (signature of person responsible for training) <i>[Signature]</i>
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7. Mine Name, ID, and Location of Training (if institution, give name and address)

General Drilling Y68 9625 N. Meridian St. Indianapolis, IN 46290

8. Date 02/02/2026	I verify that I have completed the above training (signature of person trained) <i>Todd M. True</i>
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