

# INDEPENDENT CONTRACTORS

## Certificate of Approval Permitting Procedures

**PLEASE READ INSTRUCTIONS CAREFULLY AS REQUIREMENTS  
HAVE CHANGED AS OF SEPTEMBER 1, 2010:**

**ALL INFORMATION MUST BE SUBMITTED AND APPROVED PRIOR TO ANY WORK COMMENCING  
ON MINE PROPERTY.**

**Submit the entire application package as listed below for the DMM-60C Certificate of Approval,  
completed in its entirety, to the Charleston Office, to include the following:**

➤ **Miners' Health, Safety & Training**

**NOTE: ALL FORMS MUST HAVE ORIGINAL COMPANY OFFICIAL'S  
SIGNATURE**     **Signatures must be an owner, partner, LLC member or corporate officer.**

- DMM-60C Certificate of Approval permit application
- Independent Contractor General Information sheet (All pages MUST be completed, and include the last four digits of owner/officers Social Security number(s), as well as their title). Permits will not be released without the owner information.
- Initial Submittal forms for the Comprehensive Mine Safety Program AND a written Comprehensive Mine Safety Program, inclusive of the task specific sheet, must be submitted to the Safety Instructor (according to the company's mailing address), in the closest MHS&T Regional office. If your personnel are required to hold a specific certification from MHST, please include a copy of the drivers license AND any MHST certification card(s) with your permit application and CMSP.
- Annual one hundred dollar (\$100.00) non-refundable permit fee.

*If the nature of your work changes from what was submitted on the original Certificate of Approval, you must submit these modifications to the permit in writing to the Charleston office. If not, the modifications will not be recognized by MHST. A new general information sheet, other additional forms, additions to the CMSP, miner certifications or training may also be required.*

*If you decide to close your company, you must notify our Charleston office in writing, stating the company name, WV permit number, and an effective date of the closure. This must be signed by a company official, and may be faxed to (304) 558-6091. Before your permit can be closed, any outstanding or delinquent assessments must be paid in full. Please contact the Assessment Officer at (304) 436-8421 to determine what fines, if any, are outstanding.*

*If your company changes names, or the Federal Employers Identification Number (FEIN No.) changes from what we currently have on file for your permit, it is considered a NEW PERMIT, and the company MUST go through the permitting process again, and file a new permit application.*

➤ WV Division of Labor

**NOTE: LABOR FORMS MUST HAVE ORIGINAL COMPANY OFFICIAL'S SIGNATURE**     Signatures must be an owner, partner, LLC member or corporate officer.

- DMM-1CC Division of Labor - tracking sheet
- Affidavit (Must be signed and notarized) If the applicant company has been in business for less than one year, and has one or more employees, they may need to contact the Division of Labor about posting a Wage Bond. Companies operated by the owner / operator are exempted from this requirement, but must still complete ALL paperwork.
- Division of Labor Exemption Request from the Contractors Licensing Act application. **Applicant company must have one of the following: (1) Exemption letter from the Division of Labor Contractors Licensing; (2) MHS&T tracking sheet indicating non-applicability; or (3) Certificate of Contractors License from the Division of Labor prior to release of MHS&T Certificate of Approval.** To inquire whether a license is required, the contractor may contact the Division of Labor at (304) 558-7890 and ask for the Contractors Licensing section. Applicants will need to be very specific in describing the nature of the work to be performed and equipment used.

➤ WV Insurance Commission (Workers' Compensation)

- Current Workers' Compensation Certificate of Coverage. **Effective July 1, 2008, the Workers' Compensation requirement has been expanded to allot for carriers that have made filings with the Rates and Forms Division of the Insurance Commissioner's offices to verify coverage of applicant companies. Out-of-state insurance carriers must either register with the Insurance Commissioner's office, or MUST show the West Virginia endorsement underwritten on their current policy. If the intended contractor is conducting business in West Virginia for more than 30 days within a 365-day period, they MUST carry workers compensation coverage IN West Virginia.** For additional information, contact the WV Insurance Commissioner's office at (304) 558-6279.

*It is recommended that all paperwork submitted by the Independent Contractor should be copied and maintained for your own records.* Exemptions issued through one State agency does not exempt the requirements of other State agencies with which you must be in compliance for the issuance of this permit.

*Please contact the Charleston MHS&T office before traveling to Charleston to attempt to obtain your Certificate of Approval in the same day. Our staff will inform you of the necessary paperwork you will be required to have with you to complete this endeavor, or inform you of the process you will need to complete while in Charleston.*

*The Independent Contractor Certificate of Approval is valid for the calendar year, and the Comprehensive Mine Safety Program is valid with the gty kg. All renewal forms are mailed approximately 30 days in advance to allow for the renewal and no lapse of permit coverage.*

**WV OFFICE OF MINERS' HEALTH, SAFETY & TRAINING PERMITS  
ARE NON-TRANSFERABLE**

***PLEASE NOTE: Your permit application is NOT complete until you have two (2) documents returned to you from MHS&T. One will be the signed copy of the DMM-60C Certificate of Approval; the other, your approved Comprehensive Mine Safety Program letter that provides the one-year Anniversary Date of your program. Contractors ARE NOT to be working on mining property until they have both documents. (SEE ATTACHED SAMPLES.)***

## **Permitting Contacts**

WV Secretary of State (To register to do business in West Virginia)	<a href="http://www.wvsos.com">www.wvsos.com</a>	(304) 558-6000
WV Department of Tax & Revenue (To obtain Business Registration)	<a href="http://www.state.wv.us/taxdiv">www.state.wv.us/taxdiv</a>	(304) 558-3333
WV Insurance Commission (Workers' Compensation)	<a href="http://www.wvinsurance.gov">www.wvinsurance.gov</a>	(304) 558-6279
WV Bureau of Employment Programs	<a href="http://www.wvbep.org/bep/uc">www.wvbep.org/bep/uc</a>	(304) 558-1281
MHS& T Charleston Office (Certificate of Approval)		
Contractors:	Numbered, and A through J K through Z	(304) 957-2316 (304) 957-2313
WV Division of Labor (Wage Bonding) (Contractors License)	<a href="http://www.wvlabor.org">www.wvlabor.org</a>	*526+578/5; 4; 'qt '*526+578/5; 52" *526+77: /9: ; 2
WV Public Service Commission (CRT Overweight Truck Stickers)	<a href="http://www.psc.state.wv.us">www.psc.state.wv.us</a>	(304) 340-0300

State of West Virginia  
Office of Miners' Health, Safety and Training  
7 Players Club Dr.,  
Charleston, West Virginia 25311-2126  
[www.wvminesafety.org](http://www.wvminesafety.org)

**CERTIFICATE OF APPROVAL  
for Independent Contractors on Mine Site**

Company Name \_\_\_\_\_

DBA \_\_\_\_\_

WV Permit Number \_\_\_\_\_ MSHA ID Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ E-mail (Official use only) \_\_\_\_\_

Number of Employees Working at WV Mine Site properties: \_\_\_\_\_ (minimum of one employee)

Having complied with statutory requirements set forth in WV Code §22A-2-63, the above named contractor has the right to provide the following services at mine sites in the State of West Virginia:

Site preparation	_____	Drainage	_____	Contract Labor (Employees)	_____
Electrical	_____	Explosives	_____	Maintenance	_____
Construction	_____	Type of Construction	_____		
Reclamation	_____	Trucking	_____	Material transported	_____
Other (Please be specific)	_____				

**Changes in job description(s) not submitted in writing to the Charleston office will not be recognized by MHST. Your permit may be suspended or revoked if you are performing work duties not approved by MHST. NOTE: A copy of this certificate of approval must be available at all mine sites where the above named contractor is providing services.**

\_\_\_\_\_  
**Signature (must be an owner, partner, LLC member or corporate officer)** \_\_\_\_\_ **Printed Name**

\_\_\_\_\_  
**DIRECTOR OR AUTHORIZED REPRESENTATIVE** \_\_\_\_\_ **Date of Approval**  
Office of Miners' Health, Safety and Training

**NOTE: \$100.00 NON-REFUNDABLE, NON-TRANSFERABLE PERMIT FEE**

**PERMITS ARE VALID ONLY FOR CALENDAR YEAR (JAN. THROUGH DEC.) AND MUST BE RENEWED EACH YEAR.**

**FOR OFFICE USE ONLY**

\_\_\_\_\_ Payment \_\_\_\_\_

\_\_\_\_\_ Comprehensive Mine Safety Program – Anniversary Date \_\_\_\_\_

\_\_\_\_\_ LOOKBLOCK \_\_\_\_\_

\_\_\_\_\_ Division of Labor \_\_\_\_\_

\_\_\_\_\_ Workers Compensation \_\_\_\_\_

\_\_\_\_\_ Bureau of Employment Programs \_\_\_\_\_

**§22A-3-35. Applicability and enforcement of laws safeguarding life and property; regulations authority of Office of Miner's Health, Safety and Training regarding enforcing safety laws. All provisions of the mining laws of this state intended to safeguard life and property shall extend to all surface mining operations insofar as such laws are applicable thereto. The Director shall promulgate reasonable regulations in accordance with the provisions of chapter twenty-nine a of this code to protect the safety of those employed in and around surface mines. The enforcement of all laws and regulations relating to the safety of those employed in and around surface mines is hereby vested in the Office of Miner's Health, Safety and Training and shall be enforced according to the provisions of chapter twenty-two-a of this code.**

**§22A-2-63. No mine to be opened or reopened without prior approval of the director of the office of miners' health, safety and training; certificate of approval; approval fees; extension of certification of approval; certificates of approval not transferable; section to be printed on certificates.**

(a) After the first day of July, one thousand nine hundred seventy-one, no mine shall be opened or reopened unless prior approval has been obtained from the director of the Office of Miners' Health, Safety and Training, which approval shall not be unreasonably withheld. The operator shall pay for such approval a fee of one hundred dollars, which payment shall be tendered with the application for such approval: Provided, that mines producing coal solely for the operator's use shall be issued a permit without charge if coal production will be less than fifty tons a year. Within thirty days after the first day of January of each year, the holder of such permit to open a mine shall apply for the extension of such permit for an additional year. Such permit, evidenced by a document issued by the director, shall be granted as a matter of right for a fee of one hundred dollars if, at the time such application is made, the permit holder is in compliance with the provisions section seventy-seven of this article and has paid or otherwise appealed all coal mine assessments issued to the mine if operated by the permit holder and imposed under article one-a, chapter twenty-two-a of this code. Applications for extension of such permits not submitted within the time required shall be processed as an application to open or reopen a mine and shall be accompanied by a fee of one hundred dollars.

(b) Permits issued pursuant to this section shall not be transferable.

(c) If the operator of a mine is not the permit holder as defined in subsection (a) above, then such operator must apply for and obtain a certificate of approval to operate the mine on which the permit is held prior to commencing operations. An operator who is not the permit holder operating such mine on the effective date of this section must apply for a certificate of approval on or before the first day of July, one thousand nine hundred ninety-three. The operator shall pay a fee of one hundred dollars, which payment shall be tendered with the application for approval. Such approval, evidenced by a certificate issued by the director, shall be granted if, at the time such application is made, the applicant is in compliance with the provisions of section seventy-seven of this article and has paid or otherwise appealed all coal mine assessments imposed on such applicant for the certificate of approval under article one-a, chapter twenty-two-a of this code.

(d) In addition to the authority to file a petition for enforcement under subdivision (4), subsection (a), section nineteen, article one-a, chapter twenty-two-a of this code, if an operator holding a certificate of approval issued pursuant to subsection (c) of this section, against whom a civil penalty is assessed in accordance with section nineteen, article one-a, chapter twenty-two-a of this code, and implementing regulations, and which had become final, fails to pay the penalty within the time prescribed in such order, the director or the authorized representative of the director, by certified mail, return receipt requested, shall send a notice of such operator advising the operator of the unpaid penalty. If the penalty is not paid in full within sixty days from the issuance of the notice of delinquency by the director, then the director may revoke such operator's certificate of approval; Provided, that such operator to whom the delinquency notice is issued shall have thirty days from the receipt thereof to request, by certified mail, return receipt requested, a public hearing held in accordance with the procedures of section fifteen, article one-a, chapter twenty-two-a of this code, and implementing regulations, including application for temporary relief. Once such operator's certificate of approval is revoked pursuant to this subsection, such operator shall be prohibited from obtaining any certificate of approval under the provisions of this section to operate any other mine until such time as that operator pays the delinquent penalties that have become final.

(e) **Every firm, corporation, partnership or individual that contracts to perform services or construction at a coal mine shall be deemed to be an operator and beginning the first day of January, one thousand nine hundred ninety-five, must apply for and obtain a certificate of approval prior to commencing operations: Provided, that such persons shall only be required to obtain one certificate annually: Provided, however, that persons such as, but not limited to, consultants, mine vendors, office equipment suppliers, and maintenance and delivery personnel are excluded from this requirement. Any such operator shall pay a fee of one hundred dollars, which shall be tendered with the application for approval. Such approval, evidenced by a certificate issued by the director, shall be granted if, at the time such application is made, applicant has paid or otherwise appealed all coal mine assessments imposed on such applicant under article one-a, chapter twenty-two-a, of this code. Within thirty days after the first day of January of each year, the holder of such certification of approval shall apply for the extension of such approval for an additional year. Applications for extension must be accompanied by a fee of one hundred dollars. An extension shall be granted if, at the time such application is made, the applicant has paid or otherwise appealed all coal mine assessments imposed on such applicant under article one-a, chapter twenty two-a of this code. All delinquent assessments which have been imposed upon a certificate of approval holder or applicants under this section shall not be imposed upon any permit holder or certificate of approval holder or any applicant pursuant to subsection (a) or (c) of section sixty-three.**

(f) The provisions of this section shall be printed on the reverse side of every permit issued under subsection (a) and certificate of approval issued under subsection (b) herein.

(g) The district mine inspector shall be contacted for a pre-inspection of the area proposed for underground mining prior to the issuance of any new opening approval.

**STATE OF WEST VIRGINIA**  
**Office of Miners' Health, Safety and Training**  
**7 Players Club Dr., Ste. 2**  
**Charleston, West Virginia 25311-2126**  
Website: [www.wvminesafety.org](http://www.wvminesafety.org)

**INDEPENDENT CONTRACTOR GENERAL INFORMATION**

WV Permit No. \_\_\_\_\_ MSHA ID No. \_\_\_\_\_ FEIN No. \_\_\_\_\_  
Workers Comp. Policy No. \_\_\_\_\_ Effective Dates of Policy \_\_\_\_\_  
Company Name \_\_\_\_\_  
DBA: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_ Company Phone \_\_\_\_\_ No. of Employees \_\_\_\_\_

Site preparation _____	Drainage _____	Contract Labor (Employees) _____
Electrical _____	Explosives _____	Maintenance _____
Construction _____	Type of Construction _____	
Reclamation _____	Trucking _____	Material transported _____
Other (Please be specific) _____		

Is this company registered with the Secretary of State to conduct business in West Virginia? (Y/N) \_\_\_\_\_  
Does this Company provide in-house training? (Y/N) \_\_\_\_\_ Certified Person Responsible for Training:  
\_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Company Contact Person:  
\_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**If this company has no employees other than the owner/operator, please list an emergency contact for that individual:**  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

<b>ASSESSMENT CONTACT OFFICER AND ASSESSMENT MAILING ADDRESS</b> <i>(Assessments will be sent to this address unless otherwise specified):</i>			
Name _____	Title _____	Phone _____	
Address _____			
PO Box	City	State	ZIP

\_\_\_\_\_  
**Signature** (must be an owner, partner, LLC member or corporate officer)

\_\_\_\_\_  
Date

**PERMIT APPLICATION  
OWNERS - OFFICERS**

In accordance with the Federal Privacy Act, 5 USC 552a, and 1974 addendum Public Law 93-579 7(b), please provide the names, titles and social security numbers of every officer, partner, resident agent, director, or person performing a function similar to a director, together with the names and titles of any person owning of record ten percent (10%) or more of any class of voting stock of the applicant: (use attachments as necessary). **PLEASE NOTE: WE NOW ASK FOR THE LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBERS. THIS INFORMATION IS REQUIRED FOR IDENTIFICATION PURPOSES FOR OUR PERMIT ISSUANCE SYSTEM. THIS INFORMATION IS REQUIRED.**

**AGENT:**

Name \_\_\_\_\_ Last four digits of SSN: xxx-xx-\_\_\_\_\_

Address \_\_\_\_\_  
Address City State ZIP

Telephone No. \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**OWNERS / OFFICERS  
Please list ALL corporate officers**

	First Name	MI	Last Name	Last four digits of SSN:	Title
1.	_____	___	_____	xxx-xx-_____	_____
2.	_____	___	_____	xxx-xx-_____	_____
3.	_____	___	_____	xxx-xx-_____	_____
4.	_____	___	_____	xxx-xx-_____	_____
5.	_____	___	_____	xxx-xx-_____	_____
6.	_____	___	_____	xxx-xx-_____	_____
7.	_____	___	_____	xxx-xx-_____	_____
8.	_____	___	_____	xxx-xx-_____	_____
9.	_____	___	_____	xxx-xx-_____	_____
10.	_____	___	_____	xxx-xx-_____	_____

(If additional owners/officers are to be listed, use additional sheet(s)).

*Do Not Write Below This Line*

*Miners' Health, Safety and Training use only:*

Company ID \_\_\_\_\_ File Update \_\_\_\_\_ Incomplete \_\_\_\_\_

REGIONAL OFFICE ADDRESSES

**REGION I**  
**WV MHS & T**  
14 COMMERCE DR., STE. 1  
WESTOVER, WV 26501  
(304) 285-3268

**REGION II**  
**WV MHS & T**  
830 VIRGINIA AVENUE  
WELCH, WV 24801  
(304) 436-8421

**REGION III**  
**WV MHS & T**  
137 PEACH CT. SUITE 2.  
DANVILLE, WV 25053  
(304) 369-7823

**REGION IV**  
**WV MHS & T**  
550 INDUSTRIAL PARK DR  
OAK HILL, WV 25901  
(304) 469-8100

## CONTRACT LABOR INFORMATION

Your company has indicated on the Independent Contractor General Information sheet that it will be conducting Contract Labor Services. Please complete the below listed information for our records, whether you **use** contract labor services, or whether you **provide** contract labor services.

Company Name \_\_\_\_\_ WV Permit \_\_\_\_\_

DBA \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street or PO Box Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX: \_\_\_\_\_

Contact person / title \_\_\_\_\_

Contact person e-mail \_\_\_\_\_

**WE DO NOT USE OR PROVIDE CONTRACT LABOR SERVICES** \_\_\_\_\_

**Contract Labor Services:**

Please list below the type of contract services you or your employees will be conducting when on WV mining property:  
**(BE SPECIFIC)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you **PROVIDE** contract labor services to another company, please list the company name and mine site *in West Virginia* where your employees will be performing services: **(Use reverse of form if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you **USE** contract labor services from another company, please list the company name *in West Virginia*, address, phone number, permit number, and contact person: **(Use reverse of form if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Official completing this form:

\_\_\_\_\_  
**Signature (must be an owner, partner, LLC member or corporate officer)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Co. Signature

\_\_\_\_\_  
Phone Number



State of West Virginia
Office of Miners' Health, Safety & Training
Division of Labor Approval - Independent Contractors

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WV Office of Miners' Health, Safety & Training
7 Players Club Drive, Ste 2
Charleston, WV 25311-1626
(304) 558-1425
FAX (304) 558-6091
Contractor ID No. / WV Permit No. C-\_\_\_\_\_

No. of Employees \_\_\_\_\_
(report only actual employees on mining property)

FEIN No. \_\_\_\_\_
MSHA ID No. \_\_\_\_\_
Telephone \_\_\_\_\_
FAX \_\_\_\_\_
E-mail \_\_\_\_\_

Company Name \_\_\_\_\_
DBA \_\_\_\_\_
Address \_\_\_\_\_
Post Office \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF SERVICES BEING PERFORMED \_\_\_\_\_
If performing: construction work, detail type of construction and type of equipment used; trucking - materials being hauled:

Will this work be provided by leased / contracted labor services? (Y/N) \_\_\_\_\_ Number of leased employees \_\_\_\_\_
If YES, name of contract labor service \_\_\_\_\_

JOB SITE LOCATION
Company Officers: Table with columns Name and Title. Includes three rows of blank lines for entry.

(Please use reverse of form and/or attach additional paperwork if necessary)

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WV Division of Labor Response

In accordance with the WV Code Sections §21-5-14 and §22A-3-8, we have reviewed our files and find this company to be:

- WAGE BOND: ( ) In Compliance ( ) Operated 1+ years ( ) Sufficient Wage Bond ( ) No Employees (to be contracted) ( ) Not Applicable ( ) Not In Compliance ( ) Business Entity / Business Organization Status \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_ Date Signature - Wage Bonding Division

CONTRACTORS LICENSE:

- ( ) In Compliance ( ) WV Contractors License # \_\_\_\_\_ Classification \_\_\_\_\_ ( ) Not Applicable ( ) Not In Compliance

COMMENTS: \_\_\_\_\_

\_\_\_\_\_ Date Signature - Contractor Licensing Division

# West Virginia Division of Labor

## Wage Bond Status Affidavit

Wage & Hour Section  
 1900 Kanawha Boulevard East  
 State Capitol Complex, Building 3, Room 200  
 Charleston, WV 25305



Phone: 304 558 7890  
 Fax: 304 558 3797  
<http://www.labor.wv.gov>

Enter Full Company Name (to include dba) as Registered with the WV State Tax Department

Current Business Mailing Address

Email Address			
9 Digit FEIN #		PHONE #	

**Type of Business:** Construction  Mining  Transportation of Minerals  **Not Applicable** \*  (attach a scope of work)

**Exemptions** Please ✓ only 1 box. (See back of form for exemptions that require additional verification)

- \_\_\_\_\_ Work performed in West Virginia is limited to single family dwellings and/or family farming enterprises.
- \_\_\_\_\_ Company does not have any employees working within the state of West Virginia.
- \_\_\_\_\_ Company has been in business with employees in the state of West Virginia for a period of one year. \*
- \_\_\_\_\_ Company has been in business in another state for a period of five years. \*
- \_\_\_\_\_ Company has \$100,000.00 or more in available assets and would like to claim that as an exemption. \*
- \_\_\_\_\_ Company is a subsidiary of a parent company that has been in business for more than five years. \*

To claim this exemption, enter the name and address of the qualifying parent company below:

\_\_\_\_\_

**Bond Required** - Companies that do not qualify for one of the above exemptions must post a wage bond with the Division of Labor for a period of 1 year. To determine the amount of bond required enter the following information.

1. 4 weeks' payroll in WV @ maximum capacity or production \$ \_\_\_\_\_
2. Enter 15% of the amount of line 1. \$ \_\_\_\_\_

Total the amounts on Lines 1 & 2 to determine bond amount. \$ \_\_\_\_\_

Enter the number of employees working in WV \_\_\_\_\_

I, \_\_\_\_\_, as \_\_\_\_\_  
(Print Name of Owner, Partner, LLC Member or Corp Officer) (Enter Title)

of the above named business entity understand that it is my responsibility to increase my wage bond whenever my workforce increases and that a failure to maintain an adequate wage bond may result in administrative and/or criminal action.

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Enter Date)

Taken, subscribed, and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public Signature)

My commission expires \_\_\_\_\_

## Wage Bond Status Reporting

A company that's engaged in construction, mining, or the transportation of minerals within the state of West Virginia must register with the Division of Labor concerning its wage bond status. The completion of a "Wage Bond Status Affidavit" allows a company to register with the Division of Labor by claiming a wage bond exemption, or to declare the number of employees working in West Virginia and the amount of bond required.

### Exemptions

Not all companies must post a wage bond. Any company that qualifies for one of the exemptions stated below may claim that exemption by submitting a completed "Status Affidavit". *Please note that some exemptions require additional evidence to verify that the company qualifies for the exemption, while others do not. The exemptions listed on the front of the affidavit that may require additional evidence are marked with an asterisk \*.*

#### Exemptions that DO NOT require additional evidence or verification to qualify include:

- Companies that have been in business in West Virginia, with employees, for a period of at least one (1) year and have reported employee wages to an unemployment account registered with WorkForce West Virginia within that same year.
- Companies that do not have employees physically working in West Virginia.
- Companies that are engaged solely in the construction of single family dwellings and/or family farming enterprises.
- Companies that are a subsidiary of a parent company that is registered with the Division as exempt.
- Out-of-state companies that have maintained one or more of the following licenses or registrations for a period of at least five years.
  - A West Virginia Contractor License.
  - A Business Registration Certificate with the West Virginia State Tax Department.
  - A Corporate Registration with the West Virginia Secretary of State.

#### Exemptions that MAY require additional evidence or verification to qualify include:

- Companies that have been in business in another state for 5 years but do not hold any of the above stated registrations or licenses MUST attach evidence to verify business activity within another state.
- Companies that have been working in West Virginia, with employees, for a period of 1 year that do not have a WorkForce West Virginia unemployment account must submit additional evidence to verify employee activity in this state.
- Companies that choose to claim the exemption for \$100,000.00 in available assets MUST submit evidence to support the exemption.

### Industry Specific Determinations/Exemptions

Companies that wish to obtain an opinion from the Division of Labor that the nature of their work does not fall within the definitions of construction, mining, or the transportation of minerals as defined in §21-5-1 may apply for an exemption by completing a Status Affidavit and checking the box titled as: "**Not Applicable** ✓". All such requests require a complete description or scope of work that's being performed.

### Bond Required

Companies that do not qualify for a wage bond exemption and have employees working in West Virginia must post a wage bond with the Division of Labor in the amount of 4 weeks' payroll, plus an additional 15%, at maximum productivity. A completed Status Affidavit must accompany all new wage bonds submitted.

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*The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please submit a written request to [LaborAdministration@wv.gov](mailto:LaborAdministration@wv.gov).*

**EXEMPTION REQUEST  
WEST VIRGINIA CONTRACTOR LICENSING ACT**

Please complete this form and submit via mail, fax or email:

**West Virginia Contractor Licensing Board  
1900 Kanawha Boulevard East  
State Capitol Complex - Building 3, Room 200  
Charleston, WV 25305**

Facsimile #: (304) 558-5174  
Email Address: [Licensing@wv.gov](mailto:Licensing@wv.gov)

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

WV Business Registration Tax Number: *(Please include a copy)* \_\_\_\_\_

*Have you been asked to either produce a West Virginia Contractor License or an Exemption to gain access to a work site?*      Yes       No

*If so, the request was made by:* \_\_\_\_\_

*Address:* \_\_\_\_\_

**(PLEASE BE SPECIFIC AND ATTACH THE SCOPE OF WORK THAT WILL BE PERFORMED)**  
*(An exemption will NOT be issued without a detailed scope of work)*

Print or Type Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_