

**West Virginia Office of Miners' Health Safety and Training**

7 Players Club Dr., Suite 2

Charleston WV 25311-2126

304-558-1425 Fax: 304-558-6091 Website: www.wvminesafety.org

**INACTIVE STATUS REQUEST**

Director:

I hereby request a change in the operating status for the following Independent Contractor permit. This request is made in relation to 22A-2-63b or 22A-2-77 of the West Virginia Code. I understand that in order for this request to be approved, all fines and penalties assessed by the Office of Miners' Health, Safety and Training pertinent to this permit must be paid or appealed, and that all monthly reports must be filed until such Approved Inactive Status is granted by your office.

**NOTE:** This completed form is to be returned to the WVMHS&T Charleston office (address listed above).

**Company Name:** \_\_\_\_\_ **WV Permit No.**

**Address:** \_\_\_\_\_ **City St. /Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

<p><b>Please state the reason you are requesting this status change:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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Effective \_\_\_\_\_ this permit will become:

( ) Inactive    ( ) Active    ( ) Permanently closed

\_\_\_\_\_  
Company Signature (title)

\_\_\_\_\_  
Date

Approval is hereby:    ( ) Granted

( ) Denied. Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
WVMHST Signature

\_\_\_\_\_  
Date