

**West Virginia Office of Miners' Health Safety & Training
GENERAL INFORMATION FORM**

Region: _____

Select Type of Operation (select only one)

UNDERGROUND COAL MINE

SURFACE COAL MINE

COAL HANDLING FACILITY

QUARRY

All Applicants must complete the following section

WV Permit No.:	MSHA ID No:	FEIN No:
Company Name:	Mine/Facility Name:	
Mailing Address:		
City:	State:	Zip:
County(s):	Location:	
Latitude:	Longitude:	Quadrangle:
No. of Shifts:	Working Status:	
Company Phone:	Mine/Facility Phone:	
Name of Company Contact:	Title:	
Superintendent:	Foreman:	
Certified Person Responsible for Training:		
Miners' Representative (if applicable):		
WV Workdgers Comp Policy No.:	Effective Date:	Co. Registered with WV Sec. of State: Y <input type="checkbox"/> N <input type="checkbox"/>

Assessment Contact Officer and Assessment Mailing Address: (assessments will be mailed to this address unless otherwise notified)

Name:	Title:	Phone:
Address:	City:	St: Zip :
Email Address:		

Underground and Surface Coal Mine Applicants must complete the following section

Name of Reclamation Permit Holder:	DMM60B: Y <input type="checkbox"/> N <input type="checkbox"/>
If Production Contractor (DMM60-B) Provide Name of Company and Permit Number:	
Responsible for Reporting Tonnage: Y <input type="checkbox"/> N <input type="checkbox"/>	
Seam(s) Being Mined:	Thickness:

Underground Coal Mine Applicants must complete the following section (check mine type)

Mine Type: Shaft: <input type="checkbox"/> Slope: <input type="checkbox"/> Drift or Combination: <input type="checkbox"/> No. of Sections:
Mining Direction (advance <input type="checkbox"/> or retreat <input type="checkbox"/>) Roofbolt - Type and Size: Inside Haulage Type:
Mine Rescue Services provided by (required by 22-1A-33):

Surface Coal Mine Applicants must complete the following section (check operation type)

Operation Type: Contour: <input type="checkbox"/> Open Pit: <input type="checkbox"/> Mt.Top Removal: <input type="checkbox"/> Auger: <input type="checkbox"/> Highwall: <input type="checkbox"/> Other: <input type="checkbox"/>
No. of Acres: Does this Operation Use High Voltage Electrical Equipment Y <input type="checkbox"/> N <input type="checkbox"/>

Coal Handling Facility Applicants must complete the following section (check facility type)

Facility Type: Loadout: <input type="checkbox"/> Tipple: <input type="checkbox"/> Prep Plant: <input type="checkbox"/> Cleaning Plant: <input type="checkbox"/> River Dock: <input type="checkbox"/> Other: <input type="checkbox"/>
Type of Haulage into facility: Type of Haulage out of Facility:
No. of Employees: Operating Days: Empl. Hrs. Worked Per Month:

Quarry Applicants must complete the following section

Mineral(s) Produced: Geological Formation:
No. of Sections:

Email Address Information: (Use additional sheet if necessary to include all emails for person you want listed)

Email Address of Company Representative:
Email Address of Safety Department Contact:
We are asking for this information so that we can send electronic mailings, safety notices, regulations, etc.

_____ Title _____ Date _____
Signature (must be an owner, partner, LLC member or corporate officer)

**PERMIT APPLICATION
OWNERS - OFFICERS**

WV PERMIT NO: _____

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			
City:	State:	Zip:	
Telephone No.:		Email Address:	

**OWNERS / OFFICERS
Must Use Legal Name**

First Name	MI	Last Name	Last four digits of SSN	Title	Start/End Date
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 MHST
14 COMMERCE DRIVE, SUITE 1
WESTOVER, WV 26501
(304) 285-32686

REGION II
WV MHST
830 VIRGINIA AVENUE
WELCH, WV 24801
(304) 436-8421

REGION III
WV MHST
431 Running Right Way
Julian, WV 25529
(304) 369-7823

REGION IV
WV MHST
337 INDUSTRIAL DRIVE
OAK HILL, WV 25901
(304) 469-8100