Contractor's A-J Submit Form

Contractor's K-Z Submit Form

State of West Virginia
WV Office of Miners' Health, Safety & Training

#7 Players Club Drive – Suite 2
Charleston, WV 25311-1626
Telephone 304-558-1425 ▪ Fax 304-558-6091
https://minesafety.wv.gov

PACKET FOR ANNUAL EXTENSION RENEWAL INDEPENDENT CONTRACTOR CERTIFICATE OF APPROVAL

To: All Independent Contractors on WV Mine Sites
From: Frank Foster, Director ***FF***
Subject: Annual Extension Renewal, Independent Contractor Certificate of Approval

For your convenience, the WV Office of Miners' Health, Safety & Training has made the **EXTENSION RENEWAL of your INDEPENDENT CONTRACTOR CERTIFICATE OF APPROVAL** application forms fillable so they can be completed and submitted by email, or you can print after completion and mail them to the Charleston office. The current Extension Renewal for Independent Contractors can be found on our website at https://minesafety.wv.gov/online-reporting-services/independent-contractor-certificate-of-approval-extension/, or a copy can be emailed to you upon request. Your extension renewal fee and any penalty assessments can be paid electronically at https://minesafety.wv.gov/online-reporting-services/online-orders-payments/. ***(Please attach proof of payment).***

This renewal is required for you to perform work at West Virginia coal mine sites. Independent contractor certificates of approval expire on January 31 and must be renewed each year to continue performing work at WV coal mine sites during the new calendar year.

In accordance with WV Code 22A-2-63(e), an application for extension of certificate of approval must be submitted to the WV Office of Miners' Health, Safety & Training within thirty (30) days after the first day of January of each year. The application must be accompanied by a one-hundred-dollar ($100.00) renewal fee. An extension to the existing certificate of approval will be granted if, at the time such application is made, the operator must be in compliance with WV Code 22A-2-77 and have also paid or otherwise appealed all penalty assessments, and all required quarterly reports have been filed.

In addition, your permit must have a current approved Comprehensive Mine Safety Program, and your company must be in compliance with Unemployment Compensation, Workers' Compensation, and be registered with the WV Secretary of State's office. Proof of Workers' Compensation policy coverage must be provided.

The application and general information forms, owners/officers form must be completed in their entirety. This includes ***the signature of an owner, partner, LLC member, corporate officer, or power-of-attorney***. The application and forms must be returned with a check, money order, or receipt from the online payment portal in the amount of $100.00.

Please note that non-compliance with ***any*** of the following criteria will cause a delay, and your extension renewal will not be issued until such time as the issues are resolved.

1) Outstanding assessments
2) Incomplete forms
3) No renewal fee
4) Missing quarterly man-hour reports
5) In default with Unemployment Compensation
6) Invalid or expired Workers' Compensation
7) Not being registered with the WV Secretary of State's office

In the event you do not meet the criteria for renewal, you will receive ***ONE*** written notification from this office detailing the criteria necessary. ***No additional notices will be sent***. It is the responsibility of the independent contractor to follow up with our office if you receive anything other than your extension renewal.

It is required that you list current corporate officers on the annual application that is filed with our office on the General Information Owners/Officers page and provide an approximate start date. If officers are to be removed, please provide the name, the last 4 digits of SSN, and give an approximate date of departure. It is important that this information be kept current.

Please submit your completed application for extension and $100 renewal fee to the following address:

WV Office of Miners' Health, Safety and Training
 # 7 Players Club Drive – Suite 2
Charleston, WV 25311-1626
ATTN: CONTRACTORS

All applications must be postmarked no later than January 31. To assist us in the renewal process, please allow sufficient time for us to review and process the applications. No extension renewals will be issued before January 1. However, if assistance is needed, please call our Charleston office at 304-558-1425.

If you currently have an ***APPROVED INACTIVE*** status, you **must still renew** your permit for the inactive status to apply. The Approved Inactive Status only applies to the reporting of your quarterly man-hours.

If you choose not to renew for the next calendar year, a written request to close your permit is required. Please include the company name, WV permit number (C#), telephone number, contact name, and the effective date of the closure. The written request must be signed and dated by a company official, along with their title, and mailed to the address above.

Please note that once a permit is closed with our office, if you choose to work on mining property, you will need to go through the entire permitting process again.

WV Office of Miners' Health, Safety and Training
 # 7 Players Club Drive – Suite 2
Charleston, West Virginia 25311-1626
Website: https://minesafety.wv.gov

Application Year:

Application for ANNUAL EXTENSION RENEWAL
INDEPENDENT CONTRACTOR CERTIFICATE OF APPROVAL

Complete this form and all additional forms in this packet, and return with your extension fee to the address above

Company: _____

Address: _____
PO Box/Street City State Zip Code

Is this a new mailing address? (Y/N): _____ Contractor ID Number: C000

Company Telephone No.: _____

Name of Company Contact: _____ Telephone No.: _____

Email Address: _____ Is this a new e-mail address? _____

Name of Extension Contact: _____ Telephone No.: _____

E-Mail address: _____ Is this a new e-mail address? _____

Type of CERTIFICATE OF APPROVAL to be extended:

(X) Independent Contractor DMM60C

$100.00 NON-REFUNDABLE Permit Renewal Fee

Payment Type: (Electronic or Check) _____

Payment Amount: _____ Date of Payment: _____

_____ _____
Signature (must be an owner, partner, LLC member, corporate officer, or power-of-attorney) Date

_____
Printed Name of Signature

MHST Office Use ONLY:

- ☐ Assessments Paid / Appealed
- ☐ Completed Extension Form(s)
- ☐ Renewal Fee Paid
- ☐ Quarterly Man-Hour Reports Filed
- ☐ LOOKBLOCK (also check owners & officers for assessments)
- ☐ Bureau of Employment Programs Compliance (UC) – http://ucemployers.workforcewv.org
- ☐ Valid Workers' Compensation – https://www.ncci.com and https://www.wvinsurance.gov
- ☐ WV SOS Status (must be active and valid) – https://apps.sos.wv.gov/business/corporations/
- ☐ GI Form Updated
- ☐ Owners & Officers List Complete
- ☐ Owners & Officers Signature Confirmed
- ☐ Owners & Officers Updated

Application Year:

WV Office of Miners' Health, Safety and Training
7 Players Club Drive – Suite 2
Charleston, West Virginia 25311-1626

Website: https://minesafety.wv.gov

INDEPENDENT CONTRACTOR GENERAL INFORMATION

Must be Completed – Must be Typed

The Corporate/Parent Company is a corporation that has a controlling interest in the Operating Company below. If there isn't a parent company, please enter 'N/A'.

Corporate/Parent Company: _____

Address: _____
PO Box or Street City State Zip Code Phone Number

WV OMHST Contractor ID No.: **C000**_____ MSHA ID No.: _____ FEIN No.: _____

Operating Company Name: _____

DBA: _____

Best E-Mail Address for Receiving Information and Correspondence: _____

Address: _____
PO Box or Street City State Zip Code

County: _____ Company Phone: _____ No. of Employees working in WV_____

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: _____

Please check below the type(s) of contracting service(s) provided – *Must be Completed*

☐ Contract Labor (providing employees as Miners) ☐ Drainage/Pipes ☐ Electrical ☐ Explosives
☐ Reclamation ☐ Site Preparation

☐ Construction – Type of construction: _____

☐ Equipment maintenance – Other maintenance: _____

☐ Trucking (Hauling) – Materials being hauled: _____

☐ Other (Specify): _____

Is this company registered, active, and valid with the Secretary of State to conduct business in West Virginia? (Y/N): _____

Is the company in compliance with Unemployment Compensation: (Y/N): _____

Does this company have valid Workers' Compensation: (Y/N): _____

Workers' Comp. Policy No.: _____

Workers' Comp. Policy Start Date: _____ Policy End Date: _____

Does this Company provide in-house training? (Y/N): _____

Mine Trainer Name: _____ Title: _____

Telephone: _____ Email: _____

Company Contact Person: _____ Title: _____

Telephone: _____ Email: _____

Email for Injury Reports: _____ Email for Qtrly Reports: _____

ASSESSMENT CONTACT OFFICER AND ASSESSMENT MAILING ADDRESS
Must be Completed

Name: _____ Title: _____ Phone: _____

Address: _____
PO Box or Street City State Zip Code

Email Address: _____

_____ _____
Signature (**Must be an owner, partner, LLC member, corporate officer, or power-of-attorney**) **Date**

_____
Printed Name of Signature

Application Year:

WV Office of Miners' Health, Safety & Training
ANNUAL EXTENSION RENEWAL APPLICATION

OWNERS – OFFICERS FORM

WV CONTRACTOR ID: C000 _____

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.**

INCOMPLETE GI FORMS WILL NOT BE ACCEPTED OR PROCESSED; THEY WILL BE RETURNED AS INCOMPLETE.

AGENT *(a person who acts on behalf of another person or group)*

Name: _____ Last four digits of SSN: xxx-xx-: _____

Address: _____
PO Box or Street City State Zip Code

Telephone No.: _____ E-mail Address: _____

OWNERS / OFFICERS Must Provide Legal Name

Must Provide Last 4 Digits of SSN and Title

Must provide Start Date

Must provide End Date showing when the Owner/Officers affiliation ended

	First Name	MI	Last Name	Last Four Digits of SSN	Title	Start Date	End Date
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

(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
431 RUNNING RIGHT WAY
JULIAN, WV 25529
(304) 369-7823

REGION IV
WV MHS & T
337 INDUSTRIAL DR.
OAK HILL, WV 25901
(304) 469-8100

Application Year:

WV Office of Miners' Health, Safety & Training

CONTRACT LABOR INFORMATION FORM

ANNUAL EXTENSION RENEWAL

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

Company Name _____ WV Permit _____

DBA: _____

_____ (X) WE DO NOT USE OR PROVIDE CONTRACT LABOR SERVICES (providing employees as miners)

_____ (X) WE DO USE OR PROVIDE CONTRACT LABOR SERVICES (providing employees as miners)

Complete section(s) below IF you provide or use 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, corporate officer, or power-of-attorney**) **Date**

_____ _____

Printed name of Signature **Telephone No.**