

**WEST VIRGINIA OFFICE OF MINERS'
HEALTH, SAFETY AND TRAINING
APPLICATION FOR INNOVATIVE
MINE SAFETY TECHNOLOGY
TAX CREDIT**

FOR OMHST USE ONLY

1) TAXPAYER NAME: _____ 2) TAXPAYER IDENTIFICATION NUMBER: _____

3) MINE NAME: _____ 4) PERMIT NUMBER: _____

(IF MORE THAN ONE MINE, ATTACH LIST OF MINE NAMES AND PERMIT NUMBERS)

5) ADDRESS: _____
PO BOX/STREET CITY COUNTY STATE ZIP CODE

6) TELEPHONE NUMBER: _____

DESCRIBE & SPECIFICALLY IDENTIFY THE APPROVED MINE SAFETY TECHNOLOGY AND/OR SAFETY EQUIPMENT, ALSO ATTACH TO THIS APPLICATION A PURCHASE ORDER OR OTHER MEANS OF PROOF THAT THE INNOVATIVE MINE SAFETY TECHNOLOGY AND/OR SAFETY EQUIPMENT IS IN USE AT THE MINE.

7) _____

8) Is the item described in No. 7 above on the list of approved innovative Mine Safety Technology and/or Safety Equipment? Yes ☐ No ☐

9) Taxpayer's Qualified Investment in item described in No. 7 above (SEE W.VA. CODE §11-13BB-3(b)(9) and W.VA. CODE §11-13BB-6)

_____ 10) Amount of Allowable Credit (50% of Qualified Investment): _____

Amount Taxpayer Seeks to Apply to Tax Year(s) 20 _____, 20 _____,

20 _____, 20 _____, 20 _____

11) List officers/members/owners and last 4 digits of SSN for each: _____

I, _____ an Officer/Member/Owner for _____

hereby certify that the information contained in this application is true and accurate.

State of _____ County of _____

Taken, subscribed and sworn to before me this _____ day of _____ 20 _____

My Commission Expires _____

Notary Public

SEAL

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Received _____ Application _____ of _____

Amount of Credit Allocated _____