Contractor's A-Z - Submit Form

Contractor's K-Z Submit Form

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

2026 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
☐ **Quarry Only** ☐ 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, or corporate officer) **Date**

_____
Printed Name of Signature

Incomplete GI Forms will not be accepted or processed; they will be returned as incomplete.

Revised 10/2025

WV Office of Miners' Health, Safety & Training
2026 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 PARK DR.
OAK HILL, WV 25901
(304) 469-8100

Revised 2025