

**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:

COMPANY INFORMATION

Controller Name:

Controller Mailing Address:

City:	State:	Zip:
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WV Permit No.:	MSHA ID No:	FEIN No:
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Company Name:	Mine/Facility Name:
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Company Mailing Address:

City:	State:	Zip:
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Company Phone:

Name of Company Contact/Representative:	Title:	Phone:
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Company Email Address:

WV Workers Comp Policy No.:	Effective Date:	Co. Registered with WV Sec. of State: Y <input type="checkbox"/> N <input type="checkbox"/>
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MINE/FACILITY INFORMATION

911 Physical Address:

City:	State:	Zip:
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Latitude:	Longitude:	Quadrangle:
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Location:

No. of Shifts:	Working Status:	County(s):
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Mine/Facility Phone:	Dispatch/Emergency Phone:
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Superintendent:	Phone:
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Foreman:	Phone:
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Foreman Cert#:	Foreman Email:	In-house Training: Y <input type="checkbox"/> N <input type="checkbox"/>
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Certified Person Responsible for Training or Safety:	Phone:
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Email Address for Safety Department Contact:

Miners' Representative (if applicable):	Phone:
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Assessment Contact Officer and Assessment Mailing Address

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

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

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Underground and Surface Coal Mine Applicants must complete the following section:			
Name of Reclamation Permit Holder:		DMM60-B: Y <input type="checkbox"/> N <input type="checkbox"/>	
If Production Contractor (DMM60-B) <i>Provide Name of Company and Permit Number:</i>			
Permit Holder Only, Not Mining: Y <input type="checkbox"/> N <input type="checkbox"/>			
Seam(s) Being Mined:		Thickness:	No. of Acres:
<p>*Every operation is responsible for reporting their manhours and tonnage they produce* *Host permits will not report 60B's tonnage* *If you are in an Inactive Status, you must report your manhours even if there isn't any tonnage to report* *If you are Approved Inactive, you do not report tonnage or manhours. This means there isn't any work being done* *Host Permits that are permit holders only and are not mining are not responsible for reporting tonnage or manhours*</p>			
Underground Coal Mine Applicants must complete the following section:			
Mine Type:	Shaft: <input type="checkbox"/>	Slope: <input type="checkbox"/>	Drift or Combination: <input type="checkbox"/> No. of Sections: <input type="checkbox"/>
Mining Direction: Advance: <input type="checkbox"/> Retreat: <input type="checkbox"/> Both: <input type="checkbox"/>			
Roof bolt - 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:			
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"/>
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:			
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:	DEP Permit O#:
No. of Employees:		Operating Days:	Empl. Hrs. Worked Per Month:
Quarry Applicants must complete the following section:			
Mineral(s) Produced:		Geological Formation:	

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

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**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.**

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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 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 MHST
14 COMMERCE DRIVE, SUITE 1
WESTOVER, WV 26501
(304) 285-3268

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

REGION III - WVTCC
WV MHST
PO BOX 180
431 RUNNING RIGHT WAY
JULIAN, WV 25529
(304) 369-7823

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