

**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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<b>Underground and Surface Coal Mine Applicants must complete the following section:</b>						
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><i>*Every operation is responsible for reporting their manhours and tonnage they produce*</i></p> <p><i>*Host permits will not report 60B's tonnage*</i></p> <p><i>*If you are in an Inactive Status, you must report your manhours even if there isn't any tonnage to report*</i></p> <p><i>*If you are Approved Inactive, you do not report tonnage or manhours. This means there isn't any work being done*</i></p> <p><i>*Host Permits that are permit holders only and are not mining are not responsible for reporting tonnage or manhours*</i></p>						
<b>Underground Coal Mine Applicants must complete the following section:</b>						
<b>Mine Type:</b>		Shaft: <input type="checkbox"/>	Slope: <input type="checkbox"/>	Drift or Combination: <input type="checkbox"/>	No. of Sections:	
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):						
<b>Surface Coal Mine Applicants must complete the following section:</b>						
<b>Operation Type:</b>		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"/>						
<b>Coal Handling Facility Applicants must complete the following section:</b>						
<b>Facility Type:</b>		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:	
<b>Quarry Applicants must complete the following section:</b>						
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