

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:			
Corporate/Parent Company Information			
Parent Company:			
Parent Company Address:			
City:	State:	Zip:	
Company Information			
Company Name:		DBA:	
Mine/Facility Name:			
WV Permit No.:	MSHA ID No:	FEIN No.:	
Company Mailing Address:			
City:	State:	Zip:	
Company Phone:			
Name of Company Contact/Representative:			
Title:		Phone:	
Company Email Address:			
Co. Registered with WV Sec. of State: Y <input type="checkbox"/> N <input type="checkbox"/>			
WV Workers Comp Policy No.:		Effective Date:	
Mine/Facility Information			
911 Physical Address:			
City:	State:	Zip:	
Latitude:	Longitude:	Quadrangle:	
Location:			
No. of Shifts:	Working Status:	County(s):	No. of Employees:
Mine/Facility Phone:		Dispatch/Emergency Phone:	
Superintendent:		Phone:	
Foreman:		Phone:	
Foreman Cert#:	Foreman Email:	In-house training: Y <input type="checkbox"/> N <input type="checkbox"/>	
Certified Person Responsible for Training or Safety:			Phone:
Email Address for Safety Department Contact:			
Miners' Representative (if applicable):			Phone:
Assessment Contact Officer and Assessment Mailing Address			
Name:	Title:	Phone:	
Address:			
City:	State:	Zip:	
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 N

If Production Contractor (DMM60-B) ***Provide Name of Company and Permit Number of the 60 Permit Holder:***

Permit Holder Only, Not Mining: Y N

Seam(s) Being Mined: Thickness: No. of Acres:

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

***Underground Coal Mine* Applicants must complete the following section:**

Mine Type: Shaft: Slope: Drift or Combination: Number of Sections:

Mining Direction: Advance: Retreat: Both:

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: Open Pit: Mt. Top Removal: Auger: Highwall: Other:

Does this Operation Use High Voltage Electrical Equipment: Y N

***Coal Handling Facility* Applicants must complete the following section:**

Facility Type: Loadout: Tipple: Prep Plant: Cleaning Plant: River Dock: Other:

Type of Haulage into facility:

Type of Haulage out of facility:

DEP Permit O#:

Operating Days: Employee Hours Worked Per Month:

***Quarry* Applicants must complete the following section:**

Mineral(s) Produced:

Geological Formation:

Print Name

_____ Title _____ Date _____

Signature (must be an owner, partner, LLC member, corporate officer, or Power of Attorney)

West Virginia Office of Miners' Health Safety & Training GENERAL INFORMATION FORM

PERMIT APPLICATION OWNERS – OFFICERS FORM

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.**

AGENT:

Name:	Last for digits of SSN: XXX-XX-		
Address:			
City:	State:	Zip:	
Telephone No.:			
Email Address:			

OWNERS / OFFICERS

***Must Provide Legal Name
Of Individual or Company***

***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 Updated _____

Incomplete _____

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

REGION IV
WV MHST
3370 INDUSTRIAL DRIVE
OAK HILL, WV 25901
(304) 469-8100