

**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 INFORMATION			
Parent Company Name:			
Parent Company Mailing Address:			
City:	State:	Zip:	
COMPANY INFORMATION			
WV Permit No.:	MSHA ID No:	FEIN No:	
Company Name:		DBA:	
Mine/Facility Name:			
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 <input type="checkbox"/> N <input type="checkbox"/>
If Production Contractor (DMM60-B) Provide Name of Company and Permit Number of the 60 Permit Holder:		
Permit Holder Only, Not Mining: Y <input type="checkbox"/> N <input type="checkbox"/>		
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: <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):			

***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#:	Operating Days:	Empl. Hrs. Worked Per Month:			

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

Mineral(s) Produced:	Geological Formation:
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Title: _____ Date: _____
Signature (Must be an owner, partner, LLC member, corporate officer or Power of Attorney)

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GENERAL INFORMATION FORM**

**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:		

Must provide End Date showing when the Owner/Officers affiliation ended

OWNERS / OFFICERS
Must Use Legal Name of Individual or Company

Must Provide Last 4 Digits of SSN and Title

Must provide Start Date

	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