

**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

The 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 Information

Corporate/Parent Company:

Address:

PO Box/Street

City

State

Zip Code

Phone Number:

Operating Company Information

Operating Company Name:

DBA:

Mine/Facility Name:

WV Permit No.:

MSHA ID No.:

FEIN No.:

Address:

PO Box/Street

City

State

Zip Code

Company Phone:

Name of Company Contact/Representative:

Title:

Phone:

Best E-Mail Address for Receiving Information and Correspondence:

Is this company registered, active, and valid with the Secretary of State to conduct business in WV: Y N

Is this company in compliance with Unemployment Compensation: Y N

Does this company have valid Workers' Compensation: Y N

Worker's Comp. Policy No.:

Workers' Comp. Policy Start Date:

Policy End 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 N

Certified Person Responsible for Training or Safety:

Phone:

Email Address for Safety Department Contact:

Miners' Representative (if applicable):

Phone:

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

Assessment Contact Officer and Assessment Mailing Address

Name: _____ Title: _____ Phone: _____

Address: _____
PO Box/Street _____ City _____ State _____ Zip Code _____

Email Address: _____

Underground and Surface Coal Mine Applicants must complete the following section:

Name of Reclamation Permit Holder: _____ DMM60-B: Y N

If you are a production contractor (DMM60-B) you must **Provide Name of Company and Permit Number of the DMM60 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 MMU's: _____

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

2026 EXTENSION RENEWAL 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. 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/Street		City		State	Zip «ÿj
Telephone No.:			Email Address:		

OWNERS / OFFICERS

<i>Must Provide Legal Name Of Individual or Company</i>			<i>Must Provide Last 4 Digits of SSN and Title</i>		<i>Must provide Start Date End Date showing when the Owner/Officers affiliation ended</i>	
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