West Virginia Office of Miners' Health Safety & Training

2021 GENERAL INFORMATION FORM

Select Type of Operation:

UNDERGROUND COAL MINE **SURFACE COAL MINE** **COAL HANDLING FACILITY** **QUARRY**

All Applicants must complete the following sections

WV Permit No.:	MSHA ID No:	FEIN No:
Company Name:		Mine/Facility Name:
Mailing Address:		
City:	State:	Zip:
County(s):	Location:	
Latitude:	Longitude:	Quadrangle:
No. of Shifts:		Working Status:
Company Phone:		Mine/Facility Phone:
Name of Company Contact:		Title:
Superintendent:		Foreman:
Certified Person Responsible for Training:		
Miners' Representative (if applicable):		
WV Workers Comp. Policy No.:	Effective Date:	Company Registered with WV Sec. of State? Y - N

Assessment Contact Officer and Assessment Mailing Address: (assessments will be mailed to this address unless otherwise notified)

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

Underground and Surface Coal Mine Applicants must complete the following section

Name of Reclamation Permit Holder:	DMM60B**: Y/N**
If Production Contractor (DMM60-B) Provide Name of Company and Permit Number:	
Responsible for Reporting Tonnage: Y/N	
Seam(s) Being Mined:	Thickness:

Underground Coal Mine Applicants must complete the following section (check mine type)

Mine Type: Shaft	Slope	Drift	or	Combination	No. of Sections:
Mining Direction (advance or retreat)	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 (check operation type)

Operation Type:	Contour	Open Pit	Mt. Top Removal	Auger	Highwall	Other
No. of Acres:	Does this Operation Use High Voltage Electrical Equipment **Y/N**					

Coal Handling Facility Applicants must complete the following section (check facility type) – No $100 Permit Fee Required for Coal Handling

Facility Type:	Load out	Tipple	Prep Plant	Cleaning Plant	River Dock	Other
Type of Haulage into facility:				Type of Haulage out of Facility:		
No. of Employees:	Operating Days:		Employee Hrs. Worked Per Month:			

Quarry Applicants must complete the following section

Mineral(s) Produced:	Geological Formation:
No. of Sections:	

Email Address Information: (Use additional sheet if necessary to include all emails for person you want listed)

Email Address of Company Representative:
Email Address of Safety Department Contact:
We are asking for this information so that we can send electronic mailings, safety notices, regulations, etc.

_____ **Title** _____ **Date** _____

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

West Virginia Office of Miners' Health Safety & Training

2021 EXTENSION RENEWAL

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 four digits of SSN: xxx-xx-_____

Address _____
Address City State ZIP

Telephone No. _____ E-mail Address: _____

OWNERS / OFFICERS

Please list ALL company officers

(Must be an owner, partner, LLC member or corporate officer)

	First Name	MI	Last Name	Last four digits of SSN:	Title	Start/End Date
1.	_____	_____	_____	xxx-xx-_____	_____	_____
2.	_____	_____	_____	xxx-xx-_____	_____	_____
3.	_____	_____	_____	xxx-xx-_____	_____	_____
4.	_____	_____	_____	xxx-xx-_____	_____	_____
5.	_____	_____	_____	xxx-xx-_____	_____	_____
6.	_____	_____	_____	xxx-xx-_____	_____	_____
7.	_____	_____	_____	xxx-xx-_____	_____	_____
8.	_____	_____	_____	xxx-xx-_____	_____	_____
9.	_____	_____	_____	xxx-xx-_____	_____	_____
10.	_____	_____	_____	xxx-xx-_____	_____	_____

(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 AVE.
WELCH, WV 24801
(304) 436-8421

REGION III
WV MHST
431 Running Right Way
Julian, WV 25529
(304) 369-7823

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