

APPLICATION REQUIREMENTS INDEPENDENT CONTRACTORS

ALL INFORMATION MUST BE SUBMITTED AND APPROVED PRIOR TO ANY WORK COMMENCING ON MINE PROPERTY.

Submit application for DMM-60C Certificate of Approval completed in its entirety to the Charleston Office to include the following:

Miners' Health Safety & Training

NOTE: ALL FORMS MUST HAVE ORIGINAL COMPANY OFFICIAL'S SIGNATURE **Signatures must be an owner, partner, LLC member or corporate officer.**

- a) DMM-60C Certificate of Approval permit application.
- b) Independent Contractor General Information Sheet (All pages MUST be completed and include the last four digits of owner/officers Social Security number(s) as well as their title).
- c) Initial Submittal forms for the Comprehensive Mine Safety Program AND a written Comprehensive Mine Safety Program, inclusive of the task specific sheet, must be submitted to the Safety Instructor (according to the company's mailing address), in the closest MHST Regional office. If your personnel are required to hold a specific certification from MHST, please include a copy of the drivers license AND any MHST certification card(s) with your permit application and CMSP.
- d) Annual one hundred dollar (\$100.00) non-refundable permit fee. NO PERSONAL CHECKS.

If the nature of your work changes from what was submitted on the original Certificate of Approval, you must submit these modifications to the permit in writing to the Charleston office. If not, the modifications will not be recognized by MHST. A new general information sheet, other additional forms, additions to the CMSP, miner certifications or training may also be required.

If you decide to close your company, you must notify our Charleston office in writing, stating the company name, WV permit number, and an effective date of the closure. This must be signed by a company official and may be faxed to (304) 558-6091. Before your permit can be closed, any outstanding or delinquent assessments must be paid in full. Please contact the Assessment Officer at (304) 436-8421 to determine what fines, if any, are outstanding.

If your company changes names, or the Federal Employers Identification Number (FEIN No.) changes from what we currently have on file for your permit, it is considered a NEW PERMIT, and the company MUST go through the permitting process again and file a new permit application.

WV Division of Labor

NOTE: LABOR FORMS MUST HAVE ORIGINAL COMPANY OFFICIAL'S SIGNATURE **Signatures must be an owner, partner, LLC member or corporate officer.**

- a) DMM-1CC Division of Labor - tracking sheet
- b) Affidavit (Must be signed and notarized) If the applicant company has been in business for less than one year, and has one or more employees, they may need to contact the Division of Labor about posting a Wage Bond. Companies operated by the owner / operator are exempted from this requirement but must still complete ALL paperwork.
- c) Division of Labor Exemption Request from the Contractors Licensing Act application. **Applicant company must have one of the following: (1) Exemption letter from the Division of Labor Contractors Licensing; (2) MHS&T tracking sheet indicating non-applicability; or (3) Certificate of Contractors License from the Division of Labor prior to release of MHS&T Certificate of Approval.** To inquire whether a license is required, the contractor may contact the Division of Labor at (304) 558-7890 and ask for the Contractors Licensing section. Applicants will need to be very specific in describing the nature of the work to be performed and equipment used.

WV Insurance Commission (Workers' Compensation)

- Current Workers' Compensation Certificate of Coverage. **Effective July 1, 2008, the Workers' Compensation requirement has been expanded to allot for carriers that have made filings with the Rates and Forms Division of the Insurance Commissioner's offices to verify coverage of applicant companies. Out-of-state insurance carriers must either register with the Insurance Commissioner's office or MUST show the West Virginia endorsement underwritten on their current policy. If the intended contractor is conducting business in West Virginia for more than 30 days within a 365-day period, they MUST carry workers compensation coverage IN West Virginia.** For additional information, contact the WV Insurance Commissioner's office at (304) 558-6279.

It is recommended that all paperwork submitted by the Independent Contractor should be copied and maintained for your own records. Exemptions issued through one State agency does not exempt the requirements of other State agencies with which you must be in compliance for the issuance of this permit.

Please contact the Charleston MHS&T office before traveling to Charleston to attempt to obtain your Certificate of Approval on the same day. Our staff will inform you of the necessary paperwork you will be required to have with you to complete this endeavor or inform you of the process you will need to complete while in Charleston.

The Independent Contractor Certificate of Approval is valid for the calendar year, and the Comprehensive Mine Safety Program is valid until notice otherwise. Permits must be renewed by January 31 of each following year. Permits are Non-Transferable.

PLEASE NOTE: Your permit application is NOT complete until you have two (2) documents returned to you from MHST. One will be the signed copy of the DMM-60C Certificate of Approval; the other, your approved Comprehensive Mine Safety Program letter. Contractors are NOT to be working on mining property until they have both documents. (SEE ATTACHED SAMPLES).

PERMITTING CONTACTS

WV One Stop Business Center	www.business4wv.com	
WV Secretary of State	www.sos.wv.gov	(304) 558-8000
To register to do business in West Virginia		
WV Tax Division	www.tax.wv.gov	(304) 558-3333
To obtain Business Registration		
WV Insurance Commission	www.wvinsurance.gov	(304) 414-0539
Workers' Compensation		
WV Division of Labor	www.labor.wv.gov	
(Wage Bonding)		(304) 558-7890
(Contractors License)	CLBoard@wv.gov	(855) 539-0708
WV Public Service Commission	www.psc.state.wv.us	(304)340-0300
CRT Overweight Truck Stickers		
Workforce West Virginia	www.workforcewv.org	(304) 558-2451
MHST Charleston Office	(Certificate of Approval)	
Contractors:	A through J	(304) 720-1131
	K through Z	(304) 720-1126

CSR 56-20-26. Independent Contractor Register. 26.1 All independent contractors as defined shall register with the West Virginia Office of Miners' Health, Safety and Training within sixty (60) days of the effective date of the rules and receive a contractor identification number before performing services or construction work at quarries in this state. A one-time fee of fifty dollars (\$50.00) will be required to register.

26.2 In the event the quarry-only independent contractor ceases working on quarry mine property, they shall notify the Director in writing within sixty (60) days.

26.3 The quarry-only independent contractor permit is for work performed at quarries only and does not include working on coal mine property.

26.4 To register, all independent contractors shall provide the West Virginia Office of Miners' Health, Safety and Training the following information on forms provided by the West Virginia Office of Miners' Health, Safety and Training:

- a. The independent contractor's trade name, business address, and business telephone;
- b. A general description of the nature of the work to be performed by the independent contractor; and
- c. The independent contractor's address of record for service of citations or other documents involving the independent contractor.

26.5 If any of the above information changes, the independent contractor shall advise the West Virginia Office of Miners' Health, Safety and Training of such change within thirty (30) days.

26.6 Upon receipt of the above information, the West Virginia Office of Miners' Health, Safety and Training shall issue a contractor identification number. Prompt issuance of the contractor identification number shall not be unreasonably withheld.

26.7 Prior to performing work at the quarry, each independent contractor shall provide the production operator the information contained in subsection 26.4, along with his West Virginia Office of Miners' Health, Safety and Training contractor identification number.

26.8 Each production operator shall maintain in writing at the quarry the information required by subsection 26.7 for each independent contractor at the quarry. The production operator shall provide the above information to an authorized representative of the Director upon the beginning of any inspection.

CSR 56-20-27 Service of Documents; Independent Contractors. Service of notices, orders, and other documents upon independent contractors shall be completed upon delivery to the independent contractor at the work site and mailed to the independent contractor's address of record. A copy of all notices, orders, and other required documents shall be posted on a conspicuous bulletin board at the work site.

CSR 56-20-28. Address of Record and Telephone Number; Independent Contractors. The address and telephone number required under this section shall be the independent contractor's official address and telephone number for purposes of Chapter 22A of the West Virginia Code and these rules. Service of documents upon the independent contractors may be proved by a certified mail return receipt showing that the documents were delivered to the address of record, or showing that the independent contractor is no longer at that address and has established no forwarding address because delivery was not accepted at that address, or that no such address exists. Independent contractors may request service by delivery to another appropriate address of record provided by the independent contractor.

CSR 56-20-29. Enforcement of Citations and Orders. 29.1 These rules shall not be construed to limit the basic compliance responsibilities of production operators. Overall compliance responsibility of production operators shall include assuring compliance with the West Virginia Code provisions and rules which apply to the work being performed by independent contractors at the quarry.

29.2 It is the general enforcement policy of the West Virginia Office of Miners' Health, Safety and Training that the independent contractor will be held responsible for violations committed by the independent contractor or its employees where the production operator has complied with Section 26 of these rules.

29.3 Enforcement action against production operators for violations which involve independent contractors may be taken by the West Virginia Miners' Health, Safety and Training where the production operator has contributed to the existence of a violation, or the production operator's miners are exposed to the hazard, or the production operator has control over the existence of the hazard.

29.4 A production operator may be properly cited for a violation of the rules involving an independent contractor where:

- a. The production operator has contributed by either an act or an omission to the occurrence of a violation in the course of an independent contractor's work; or
- b. The production operator has contributed by either an act or omission to the continued existence of a violation committed by an independent contractor; or
- c. The production operator's miners are exposed to the hazard; or
- d. The production operator has control over the condition that needs abatement.

29.5 In addition to the provisions of Section 29.4 of these rules, the production operator may also be required to assure continued compliance with the West Virginia Code and rules applicable to an independent contractor at the quarry until the contractor is fully able to assume compliance responsibility.

29.6 Whenever a mine operator finds a violation or imminent danger in an area where an independent contractor is operating, such inspector shall make a determination whether to issue the appropriate Notice of Violation or order to either the production operator or the independent contractor, or both, based upon the criteria set out in sections 29.2 and 29.3 of these rules.

29.7 In instances where the work performed will last five (5) days or less at quarry operations, an independent contractor's identification number will not be required. No more than five (5) days' work in a calendar year will be allowed without obtaining a contractor identification number issued by the West Virginia Office of Miners' Health, Safety & Training.

29.8 Independent contractors working at quarries shall comply with Title 56, Series 8 of the West Virginia Administrative Rules.

State of West Virginia
Office of Miners' Health, Safety and Training
7 Players Club Dr.,
Charleston, West Virginia 25311-2126
www.minesafety.wv.gov

**CERTIFICATE OF APPROVAL
for Independent Contractors on Mine Site**

Company Name _____
DBA _____
WV Permit Number _____ MSHA ID Number _____
Mailing Address _____
City _____ State _____ ZIP _____
Telephone Number () _____ E-mail (Official use only) _____
Number of Employees Working at WV Mine Site properties: _____ (minimum of one employee)

Having complied with statutory requirements set forth in WV Code §22A-2-63, the above named contractor has the right to provide the following services at mine sites in the State of West Virginia:

Site preparation	_____	Drainage	_____	Contract Labor (Employees)	_____
Electrical	_____	Explosives	_____	Maintenance	_____
Construction	_____	Type of Construction	_____		
Reclamation	_____	Trucking	_____	Material transported	_____
Other (Please be specific)	_____				

Changes in job description(s) not submitted in writing to the Charleston office will not be recognized by MHST. Your permit may be suspended or revoked if you are performing work duties not approved by MHST. NOTE: A copy of this certificate of approval must be available at all mine sites where the above named contractor is providing services.

_____ Signature (must be an owner, partner, LLC member or corporate officer)	_____ Printed Name
_____ DIRECTOR OR AUTHORIZED REPRESENTATIVE Office of Miners' Health, Safety and Training	_____ Date of Approval

**NOTE: \$100.00 NON-REFUNDABLE, NON-TRANSFERABLE PERMIT FEE
PERMITS ARE VALID ONLY FOR CALENDAR YEAR (JAN. THROUGH DEC.) AND MUST BE RENEWED EACH YEAR.**

FOR OFFICE USE ONLY

_____ Payment _____
_____ Comprehensive Mine Safety Program – Anniversary Date _____
_____ LOOKBLOCK _____
_____ Division of Labor _____
_____ Workers Compensation _____
_____ Bureau of Employment Programs _____

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STATE OF WEST VIRGINIA
Office of Miners' Health, Safety and Training
7 Players Club Dr., Ste. 2
Charleston, West Virginia 25311-2126
 Website: www.minesafety.wv.gov

INDEPENDENT CONTRACTOR GENERAL INFORMATION

Parent Company _____
 Parent Co. Address _____
 City _____ State _____ Zip _____
 WV Permit No. _____ MSHA ID No. _____ FEIN No. _____
 Workers Comp. Policy No. _____ Effective Dates of Policy _____
 Company Name _____
 DBA _____
 E-Mail Address _____
 Mailing Address _____
 City _____ State _____ ZIP _____
 County _____ Company Phone _____ No. of Employees _____

Site preparation _____	Drainage _____	Contract Labor (Employees) _____
Electrical _____	Explosives _____	Maintenance _____
Construction _____	Type of Construction _____	
Reclamation _____	Trucking _____	Material transported _____
Other (Please be specific) _____		

Is this company registered with the Secretary of State to conduct business in West Virginia? (Y/N) _____

Does this Company provide in-house training? (Y/N) _____

Certified Person Responsible for Training:

_____ Title _____ Phone _____

Company Contact Person:

_____ Title _____ Phone _____

If this company has no employees other than the owner/operator, please list an emergency contact for that individual:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

ASSESSMENT CONTACT OFFICER AND ASSESSMENT MAILING ADDRESS
(Assessments will be sent to this address unless otherwise specified)

Name _____ Title _____ Phone _____

Address _____
 PO Box _____ City _____ State _____ ZIP _____

Email Address _____

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

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

 Date

**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.**

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

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.				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 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
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

CONTRACT LABOR INFORMATION

Your company has indicated on the Independent Contractor General Information sheet that it will be conducting Contract Labor Services. Please complete the below listed information for our records, whether you **use** contract labor services, or whether you **provide** contract labor services.

Company Name _____ WV Permit _____

DBA _____

Mailing Address _____
Street or PO Box Number _____ City _____ State _____ ZIP _____

Telephone Number _____ FAX: _____

Contact person / title _____

Contact person e-mail _____

WE DO NOT USE OR PROVIDE CONTRACT LABOR SERVICES _____

Contract Labor Services:

Please list below the type of contract services you or your employees will be conducting when on WV mining property:
(BE SPECIFIC)

If you **PROVIDE** contract labor services to another company, please list the company name and mine site *in West Virginia* where your employees will be performing services: **(Use reverse of form if necessary)**

If you **USE** contract labor services from another company, please list the company name *in West Virginia*, address, phone number, permit number, and contact person: **(Use reverse of form if necessary)**

Company Official completing this form:

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

Date

Printed Name of Co. Signature

Phone Number

WV Office of Miners' Health, Safety & Training
7 Players Club Drive, Ste 2
Charleston, WV 25311-1626
(304) 558-1425
FAX (304) 558-6091
Contractor ID No. / WV Permit No. C-_____

No. of Employees _____
(report only actual employees on mining property)

FEIN No. _____
MSHA ID No. _____
Telephone _____
FAX _____
E-mail _____

Company Name _____
DBA _____
Address _____
Post Office _____ City _____ State _____ ZIP _____

TYPE OF SERVICES BEING PERFORMED _____
If performing: construction work, detail type of construction and type of equipment used; trucking - materials being hauled:

Will this work be provided by leased / contracted labor services? (Y/N) _____ Number of leased employees _____
If YES, name of contract labor service _____

JOB SITE LOCATION _____

Company Officers:	Name	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please use reverse of form and/or attach additional paperwork if necessary)

WV Division of Labor Response

In accordance with the WV Code Sections §21-5-14 and §22A-3-8, we have reviewed our files and find this company to be:

- WAGE BOND:**
- In Compliance
 - Operated 1+ years
 - Sufficient Wage Bond
 - No Employees (to be contracted)
 - Not Applicable
 - Not In Compliance
 - Business Entity / Business Organization Status _____

COMMENTS:

Date Signature – Wage Bonding Division

CONTRACTORS LICENSE:

- In Compliance
- Not Applicable
- Not In Compliance
- WV Contractors License # _____
Classification _____

COMMENTS:

Date Signature – Contractor Licensing Division

West Virginia Division of Labor Wage Bond Status Affidavit

Wage & Hour Section
1900 Kanawha Boulevard East
State Capitol Complex, Building 3, Room 200
Charleston, WV 25305



Phone: 304 558 7890
Fax: 304 558 3797
http://www.labor.wv.gov

Enter Full Company Name (to include dba) as Registered with the WV State Tax Department

Current Business Mailing Address

Email Address			
9 Digit FEIN #		PHONE #	

Type of Business: Construction Mining Transportation of Minerals Not Applicable * (attach a scope of work)

Exemptions Please only 1 box. (See back of form for exemptions that require additional verification)

- Work performed in West Virginia is limited to single family dwellings and/or family farming enterprises.
- Company does not have any employees working within the state of West Virginia.
- Company has been in business with employees in the state of West Virginia for a period of one year. *
- Company has been in business in another state for a period of five years. *
- Company has \$100,000.00 or more in available assets and would like to claim that as an exemption. *
- Company is a subsidiary of a parent company that has been in business for more than five years. *

To claim this exemption, enter the name and address of the qualifying parent company below:

Bond Required - Companies that do not qualify for one of the above exemptions must post a wage bond with the Division of Labor for a period of 1 year. To determine the amount of bond required enter the following information.

1. 4 weeks' payroll in WV @ maximum capacity or production \$ _____
2. Enter 15% of the amount of line 1. \$ _____

Total the amounts on Lines 1 & 2 to determine bond amount. \$ _____

Enter the number of employees working in WV _____

I, _____, as _____
(Print Name of Owner, Partner, LLC Member or Corp Officer) (Enter Title)

of the above named business entity understand that it is my responsibility to increase my wage bond whenever my workforce increases and that a failure to maintain an adequate wage bond may result in administrative and/or criminal action.

(Signature of Authorized Representative)

(Enter Date)

Taken, subscribed, and sworn to before me this ____ day of _____, 20____.

(Notary Public Signature)

My commission expires _____

Wage Bond Status Reporting

A company that's engaged in construction, mining, or the transportation of minerals within the state of West Virginia must register with the Division of Labor concerning its wage bond status. The completion of a "Wage Bond Status Affidavit" allows a company to register with the Division of Labor by claiming a wage bond exemption, or to declare the number of employees working in West Virginia and the amount of bond required.

Exemptions

Not all companies must post a wage bond. Any company that qualifies for one of the exemptions stated below may claim that exemption by submitting a completed "Status Affidavit". Please note that some exemptions require additional evidence to verify that the company qualifies for the exemption, while others do not. The exemptions listed on the front of the affidavit that may require additional evidence are marked with an asterisk *.

Exemptions that DO NOT require additional evidence or verification to qualify include:

- Companies that have been in business in West Virginia, with employees, for a period of at least one (1) year and have reported employee wages to an unemployment account registered with WorkForce West Virginia within that same year.
- Companies that do not have employees physically working in West Virginia.
- Companies that are engaged solely in the construction of single family dwellings and/or family farming enterprises.
- Companies that are a subsidiary of a parent company that is registered with the Division as exempt.
- Out-of-state companies that have maintained one or more of the following licenses or registrations for a period of at least five years.
 - A West Virginia Contractor License.
 - A Business Registration Certificate with the West Virginia State Tax Department.
 - A Corporate Registration with the West Virginia Secretary of State.

Exemptions that MAY require additional evidence or verification to qualify include:

- Companies that have been in business in another state for 5 years but do not hold any of the above stated registrations or licenses MUST attach evidence to verify business activity within another state.
- Companies that have been working in West Virginia, with employees, for a period of 1 year that do not have a WorkForce West Virginia unemployment account must submit additional evidence to verify employee activity in this state.
- Companies that choose to claim the exemption for \$100,000.00 in available assets MUST submit evidence to support the exemption.

Industry Specific Determinations/ Exemptions

Companies that wish to obtain an opinion from the Division of Labor that the nature of their work does not fall within the definitions of construction, mining, or the transportation of minerals as defined in §21-5-1 may apply for an exemption by completing a Status Affidavit and checking the box titled as: "Not Applicable ". All such requests require a complete description or scope of work that's being performed.

Bond Required

Companies that do not qualify for a wage bond exemption and have employees working in West Virginia must post a wage bond with the Division of Labor in the amount of 4 weeks' payroll, plus an additional 15%, at maximum productivity. A completed Status Affidavit must accompany all new wage bonds submitted.

The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please submit a written request to LaborAdministration@wv.gov.

**EXEMPTION REQUEST
WEST VIRGINIA CONTRACTOR LICENSING ACT**

Please complete this form and submit via mail, fax or email:

**West Virginia Contractor Licensing Board
1900 Kanawha Boulevard East
State Capitol Complex - Building 3, Room 200
Charleston, WV 25305**

**Facsimile #: (304) 558-5174
Email Address: CLBoard@wv.gov**

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

WV Business Registration Tax Number: *(Please include a copy)* _____

Have you been asked to either produce a West Virginia Contractor License or an Exemption to gain access to a work site? Yes No

If so, the request was made by: _____

Address: _____

(PLEASE BE SPECIFIC AND ATTACH THE SCOPE OF WORK THAT WILL BE PERFORMED)

(An exemption will NOT be issued without a detailed scope of work)

Print or Type Name: _____

Signature: _____ Date: _____