

APPLICATION REQUIREMENTS – INDEPENDENT CONTRACTORS

Certificate of Approval Permitting Procedures

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

Apply for DMM-60C Certificate of Approval, complete the application in its entirety, and submit it to the Charleston Office, including the following:

 **Miners' Health, Safety & Training**

NOTE: ALL FORMS MUST HAVE ORIGINAL COMPANY OFFICIAL'S SIGNATURE
(Signatures must be from one of the following: Owner, partner, LLC member, or corporate officer)

- DMM-60C – Certificate of Approval permit application.
- Independent Contractor General Information sheet (All pages MUST be completed and include the last four digits of owner/officer's Social Security number(s), as well as their title). **Permits will not be released without the owner's information.**
- 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 MHS&T Regional office. **If your personnel are required to hold a specific certification from MHST, please include a copy of the driver's license AND any MHST certification card(s) with your permit application and CMSP.**
- Annual one hundred dollars (\$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 changes will not be recognized by MHST. A new general information form, 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 the 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) 436-7421 to determine what fines, if any, are outstanding.

If your company changes names, or the Federal Employer 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

PLEASE NOTE: LABOR FORMS MUST HAVE ORIGINAL COMPANY OFFICIAL'S SIGNATURES – Signatures must be one of the following: Owner, partner, LLC member, or corporate officer.

- ✓ DMM-1CC: Division of Labor – tracking sheet
- ✓ 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 exempt from this requirement, but must still complete ALL paperwork.
- ✓ Division of Labor Exemption Request from the Contractors Licensing Act application.
Applicant company must have one of the following: (1) an 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 MHS&T releasing the 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 the equipment used.

👉 WV Insurance Commission (Workers' Compensation)

- ✓ Current Workers' Compensation Certificate of Coverage. **Pursuant to the provisions of W.Va. Code §§23-1-1b(g), 22-2C-15, and 23-2C-199(e), an agency shall not grant, issue, or renew any approval document to, or enter into an approval document with, any applicant who is on the Default List. ([OIC Defaulted Employer Violator System \(EVS\)](#))**
- ✓ **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 thirty (30) calendar days in any three hundred and sixty-five (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.

Please get in touch with 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 notify 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 you receive notice otherwise. Permits must be renewed by January 31st 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 mine property until they have both documents. (SEE ATTACHED SAMPLES)

PERMITTING CONTACTS

WV One Stop Business Center	business4wv.gov	
WV Secretary of State		
To register to do business in West Virginia	sos.wv.gov	(304) 558-8000
WV Tax Division		
To obtain Business Registration	tax.wv.gov	(304) 558-3333
WV Insurance Commission		
Workers' Compensation	wvinsurance.gov	(304) 558-2286
WV Division of Labor		
(Wage Bonding)	labor.wv.gov	(304) 558-7890
(Contractor's License)	wvcboard.wv.gov	(304) 558-7890
WV Public Service Commission		
CRT Overweight Truck Stickers	psc.state.wv.us	(304) 340-0300
WorkForce West Virginia	workforcewv.org	(304) 558-2451
MHST Charleston Office	(Certificate of Approval)	
Contractors – A through J	kristi.wingrove@wv.gov	(304) 720-1131
Contractors – K through Z	stacie.m.watson@wv.gov	(304) 720-1126

CERTIFICATE OF APPROVAL
for Independent Contractor on Mine Site

Company Name: _____

DBA: _____

WV Permit Number: _____ MSHA ID Number: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

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 site in the State of West Virginia:

<input type="checkbox"/> Contractor Labor (providing employees as Miners)	<input type="checkbox"/> Drainage/Pipes	<input type="checkbox"/> Electrical	<input type="checkbox"/> Explosives
<input type="checkbox"/> Quarry Only	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Site Preparation	
<input type="checkbox"/> Construction – Type of construction: _____			
<input type="checkbox"/> Equipment maintenance – Other Maintenance: _____			
<input type="checkbox"/> Trucking (Hauling) - Materials being hauled: _____			
<input type="checkbox"/> Other (Specify): _____			

Change 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 & Training

Date of Approval

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

FOR OFFICE USE

<input type="checkbox"/> Application Fee Paid	<input type="checkbox"/> GI Form Completed
<input type="checkbox"/> Application Form(s) Completed	<input type="checkbox"/> Owners & Officers List Complete & Confirmed
<input type="checkbox"/> Verified there aren't any assessments owed	<input type="checkbox"/> Owners & Officers Updated
<input type="checkbox"/> Look Block (check owners & officers for assessments)	<input type="checkbox"/> Division of Labor - labor.wv.gov
<input type="checkbox"/> Bureau of Employment Program Compliance - workforcewv.org/violator-search	
<input type="checkbox"/> Valid Workers' Compensation Coverage - https://www.ncci.com and https://www.wvinsurance.gov	
<input type="checkbox"/> WV SOS Status (must be registered) - sos.wv.gov	

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.

WV Office of Miners' Health, Safety and Training
7 Players Club Drive – Suite 2
Charleston, West Virginia 25311-1626
Website: minesafety.wv.gov

2026 INDEPENDENT CONTRACTOR GENERAL INFORMATION
Must be Completed – Must be Typed

The Corporate/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: _____

Address: _____

PO Box or Street	City	State	Zip Code	Phone Number
------------------	------	-------	----------	--------------

WV OMHST Contractor ID No.: CO00	MSHA ID No.: _____	FEIN No.: _____
-----------------------------------------	--------------------	-----------------

Operating Company Name: _____

DBA: _____

Best E-Mail Address for Receiving Information and Correspondence: _____

Address: _____

PO Box or Street	City	State	Zip Code
------------------	------	-------	----------

County: _____	Company Phone: _____	No. of Employees working in WV _____
---------------	----------------------	--------------------------------------

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: _____

Please check below the type(s) of contracting service(s) provided – *Must be Completed*

<input type="checkbox"/> Contract Labor (providing employees as Miners)	<input type="checkbox"/> Drainage/Pipes	<input type="checkbox"/> Electrical
<input type="checkbox"/> Quarry Only	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Explosives
<input type="checkbox"/> Construction – Type of construction: _____		
<input type="checkbox"/> Equipment maintenance – Other maintenance: _____		
<input type="checkbox"/> Trucking (Hauling) – Materials being hauled: _____		
<input type="checkbox"/> Other (Specify): _____		

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

Is the company in compliance with Unemployment Compensation: (Y/N): _____

Does this company have valid Workers' Compensation: (Y/N): _____

Workers' Comp. Policy No.: _____

Workers' Comp. Policy Start Date: _____ Policy End Date: _____

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

Mine Trainer Name: _____ Title: _____

Telephone: _____ Email: _____

Company Contact Person: _____ Title: _____

Telephone: _____ Email: _____

Email for Injury Reports: _____ Email for Qtrly Reports: _____

ASSESSMENT CONTACT OFFICER AND ASSESSMENT MAILING ADDRESS

Must be Completed

Name: _____	Title: _____	Phone: _____
-------------	--------------	--------------

Address: _____

PO Box or Street	City	State	Zip Code
------------------	------	-------	----------

Email Address: _____	_____	_____
----------------------	-------	-------

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

Date

Printed Name of Signature

WV Office of Miners' Health, Safety & Training

2026 OWNERS - OFFICERS FORM

WV CONTRACTOR ID: C000 _____

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 or Street _____ City _____ State _____ Zip Code _____

Telephone No.: _____ E-mail Address: _____

OWNERS / OFFICERS

Must Provide Legal Name

Must Provide

Last 4 Digits of SSN and Title

**Must provide
Start Date**

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

Last Four

First Name	MI	Last Name	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 MHS & T
14 COMMERCE DR., STE., 1
WESTOVER, WV 26501
(304) 285-3268

REGION II
WV MHS & T
830 VIRGINIA AVENUE
WELCH, WV 24801
(304) 436-8421

REGION III
WV MHS & T
431 RUNNING RIGHT WAY
JULIAN, WV 25529
(304) 369-7823

REGION IV
WV MHS & T
337 INDUSTRIAL PARK DR.
OAK HILL, WV 25901
(304) 469-8100

WV Office of Miners' Health, Safety & Training

CONTRACT LABOR INFORMATION FORM

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

Company Name _____ WV Permit _____

DBA: _____

(X) WE DO NOT USE OR PROVIDE CONTRACT LABOR SERVICES (providing employees as miners)

(X) WE DO USE OR PROVIDE CONTRACT LABOR SERVICES (providing employees as miners)

Complete section(s) below IF you provide or use 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 Signature

Telephone No.

State of West Virginia
Office of Miners' Health, Safety & Training
Division of Labor Approval – Independent Contractors

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: _____
PO Box or Street _____ **City** _____ **State** _____ **Zip Code** _____

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 the reverse of the 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 5+ 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

WV Contractors License #: _____
Classification: _____

COMMENTS: _____

Date _____ **Signature – Contractor Licensing Division**

WEST VIRGINIA DIVISION OF LABOR

1900 Kanawha Boulevard East - State Capitol Complex - Building 3, Room 200 - Charleston, WV 25305
Email Address: WageandHour@wv.gov Fax: (304)558-3797 Telephone: (304)558-7890 Website: labor.wv.gov



Wage Bond Status Affidavit

Business Name (to include dba) as registered with the West Virginia Tax Department

Current Business Mailing Address

Email Address:		
9 Digit FEI #:		Telephone #:

Type of Business: Construction * Mining * Transportation of Minerals * Not Applicable * (See instructions)

Exemptions - please only 1 box. (See instructions for exemptions with an * that require additional verification)

Work performed in West Virginia is limited to single family dwellings and/or family farming enterprises.

Business does not have any employees working in West Virginia.

Business has had employees working in West Virginia for at least one year. *

Business has been active in another state for at least five years. *

Business has \$100,000.00 or more in available assets. *

Business is a subsidiary of a parent company that has been in business for more than five years. *

The name and address of the qualifying parent company is: _____

Bond Required - A business that does 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. \$ _____

Add the amounts on lines 1 & 2 to determine bond amount. \$ _____

Enter the number of employees working in WV _____

By my signature below, (1) I affirm that the information I have provided in this Wage Bond Status Affidavit is complete, true, and accurate to the best of my knowledge and belief, and (2) I acknowledge and understand that the information I have provided, including financial information, is a public record as defined in W. Va. Code §29B-1-2(5) and is covered by the WV Freedom of Information Act, W. Va. Code §29B-1-1 *et seq.*

_____, _____
(Name of Authorized Representative)

(Title)

(Signature of Authorized Representative)

(Date)

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

(Notary Public Signature)

My commission expires _____

Instructions for Completing the Wage Bond Status Affidavit

A business that is engaged in construction, mining, or the transportation of minerals in West Virginia must register its wage bond status with the Division of Labor. The Wage Bond Status Affidavit allows a business to register with the Division of Labor by claiming a wage bond exemption or by determining the amount of the wage bond required based on the number of employees working in West Virginia.

Exemptions

If your business qualifies for one of the exemptions stated below, you may claim that exemption by submitting a completed Wage Bond Status Affidavit and submitting additional information when necessary. *Please note that some exemptions require additional information to verify that the business qualifies for the exemption. The exemptions listed on the affidavit that may require additional information are marked with an asterisk **.

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

- A business that has had employees working in West Virginia for a period of at least 1 year and has reported employee wages to an unemployment account registered with WorkForce West Virginia within that same year.
- A business that does not have employees physically working in West Virginia.
- A business that is engaged solely in the construction of single family dwellings and/or family farming enterprises.
- A business that is a subsidiary of a parent company that has been in business for at least 5 years.
- An out-of-state business that has maintained one or more of the following licenses or registrations for a period of at least 5 years:
 - A West Virginia Contractor License; or
 - A Business Registration Certificate with the West Virginia Tax Department; or
 - A Corporate Registration with the West Virginia Secretary of State.

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

- A business that has been active in another state for 5 years but does not hold any of the above stated registrations or licenses MUST attach evidence to verify business activity in another state.
- A business that has had employees working in West Virginia for a period of 1 year but does not have a WorkForce West Virginia unemployment account MUST submit additional evidence to verify employee work activity in this state.
- A business that chooses to claim an exemption based on \$100,000.00 in available assets MUST submit evidence to support the exemption.

Request for an Exemption Determination

If a business wishes to obtain a determination from the Division of Labor that the scope of its work does not fall within the definitions of construction, mining, or the transportation of minerals as defined in W. Va. Code §21-5-1, the business may apply for an exemption by completing a Wage Bond Status Affidavit and checking the **Not Applicable** box in the **Type of Business** section. The business must include a complete description or scope of work being performed.

Failure to Post a Wage Bond or Failing to Increase the Wage Bond Amount

If a business fails to post a wage bond when required to do so, fails to increase its wage bond amount when necessary, or otherwise fails to maintain an adequate wage bond amount, the business may be issued a cease and desist order.

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: _____