APPLICATION REQUIREMENTS INDEPENDENT CONTRACTORS

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

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

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: <u>LABOR FORMS MUST HAVE ORIGINAL COMPANY</u>

<u>OFFICIAL'S SIGNATURE</u> Signatures must be an owner, partner, <u>LLC</u> 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:

 Exemption letter from the Division of Labor Contractors Licensing;
 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. <u>Permits are Non-Transferable.</u>

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 To register to do business in West	www.sos.wv.gov Virginia	(304) 558-8000
WV Tax Division To obtain Business Registration	www.tax.wv.gov	(304) 558-3333
WV Insurance Commission Workers' Compensation	www.wvinsurance.gov	(304) 414-0539
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 CRT Overweight Truck Stickers	www.psc.state.wv.us	(304)340-0300
Workforce West Virginia	www.workforcewv.org	(304) 558-2451
MHST Charleston Office (Cer	tificate of Approval)	
Contractors:	A through J	(304) 720-1131
	K through Z	(304) 720-1126
•	A through J	•

- **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
 - 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.

DMM-60C Revised 10/2025

Region	
COID	

State of West VirginiaOffice 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

DBA			
WV Permit Number			
Mailing Address			
	State	ZIP	
Telephone Number)	
Number of Employees Working at WV Mine Site prop	perties:	(minimum of one employed	
Having complied with statutory requirements set forth provide the following services at mine sites in the State o		e above named contractor has the right	
Contract Labor (providing employees as Miners) Quarry Only	Drainage/Pipes Reclamation	Electrical Explosives Site Preparation	
Construction - Type of construction:			
Equipment maintenance - Other Maintenance:			
Trucking (Hauling) - Materials being hauled: Other (Specify):			
suspended or revoked if you are performing work duties no		recognized by MHST. Your permit may be a copy of this certificate of approval must be	
suspended or revoked if you are performing work duties no available at all mine sites where the above named contractors. Signature (must be an owner, partner, LLC member or corporate of the co	ot approved by MHST. Note: A or is providing services.		
Signature (must be an owner, partner, LLC member or corporate of DIRECTOR OR AUTHORIZED REPRESENTATIVE	ot approved by MHST. Note: A or is providing services. officer)	copy of this certificate of approval must be	
Signature (must be an owner, partner, LLC member or corporate of DIRECTOR OR AUTHORIZED REPRESENTATIVE Office of Miners' Health, Safety & Training NOTE: \$100.00 NON-REFUNDA	ot approved by MHST. Note: A or is providing services. officer) E ABLE, NON-TRANSFERA	Printed Name Date of Approval BLE PERMIT FEE	
Signature (must be an owner, partner, LLC member or corporate of DIRECTOR OR AUTHORIZED REPRESENTATIVE Office of Miners' Health, Safety & Training NOTE: \$100.00 NON-REFUND PERMITS ARE VALID ONLY FOR CALENDAR YEA	ot approved by MHST. Note: A or is providing services. officer) E ABLE, NON-TRANSFERA R (JAN. THROUGH DEC.) A	Printed Name Date of Approval BLE PERMIT FEE	
Signature (must be an owner, partner, LLC member or corporate of DIRECTOR OR AUTHORIZED REPRESENTATIVE Office of Miners' Health, Safety & Training NOTE: \$100.00 NON-REFUNDATE PERMITS ARE VALID ONLY FOR CALENDAR YEAFOR O	ot approved by MHST. Note: Appris providing services. officer) E ABLE, NON-TRANSFERA R (JAN. THROUGH DEC.) A OFFICE USE	Printed Name Date of Approval BLE PERMIT FEE ND MUST BE RENEWED EACH YEAR.	
Signature (must be an owner, partner, LLC member or corporate of DIRECTOR OR AUTHORIZED REPRESENTATIVE Office of Miners' Health, Safety & Training NOTE: \$100.00 NON-REFUNDA PERMITS ARE VALID ONLY FOR CALENDAR YEAFOR (Applicant Extension Fee Paid	ot approved by MHST. Note: Appris providing services. officer) E ABLE, NON-TRANSFERA R (JAN. THROUGH DEC.) A OFFICE USE	Printed Name Date of Approval BLE PERMIT FEE	
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DIRECTOR OR AUTHORIZED REPRESENTATIVE Office of Miners' Health, Safety & Training NOTE: \$100.00 NON-REFUNDA PERMITS ARE VALID ONLY FOR CALENDAR YEA FOR (Applicant Extension Fee Paid Applicant Extension Forms(s) Completed	ot approved by MHST. Note: Apr is providing services. officer) E ABLE, NON-TRANSFERA R (JAN. THROUGH DEC.) A OFFICE USE GI Ov Ov	Printed Name Date of Approval BLE PERMIT FEE ND MUST BE RENEWED EACH YEAR. Form Updated whers & Officers List Complete	
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- 29.8 Independent contractors working at quarries shall comply with Title 56, Series 8 of the West Virginia Administrative Rules.

Office of Miners' Health, Safety and Training # 7 Players Club Drive – Suite 2 Charleston, West Virginia 25311-1626

Website: https://minesafety.wv.gov

INDEPENDENT CONTRACTOR GENERAL INFORMATION

Must be Completed - Must be Typed

The Parent Company is a corporation that has a continuous Parent Company:		Company be	low. If there i	sn't a parent comp	any, please	e enter 'N/A'
Address:						
PO Box/Street	City	State	Zip Code	Phone Numbe	r	
WV OMHST Contractor ID No.: C000	MSHA ID N	MSHA ID No.:FF		_FEIN No.:		
Operating Company Name:						
DBA:						
Best E-Mail Address for Receiving Information						
Address:	-					
PO Box/Street	Cit	y			State	Zip Code
County:C	mpany Phone:No. of Employe		Employees work	ng in WV		
If this company has no employees other than the	ne owner/operator, please lis	st an emerg	ency contac	et for that indivi	lual:	
Name:	=					
Name:	Relationship:			Phone:		
Please check below the	ype(s) of contracting serv	ice(s) prov	vided – <i>M</i> u	st be Completed		
☐ Contract Labor (providing employees as Mi	ners) 🗌 Drainage/Pipes		Elec		Exp	losives
☐ Quarry Only	Reclamation			Preparation		
Construction – Type of construction:						
Equipment maintenance – Other maintenan						
Trucking (Hauling) – Materials being haule	d:					
Other (Specify):						
Is this company registered, active, and valid wi	th the Secretary of State to	conduct bus	siness in We	est Virginia? (Y/)	V):	
Is the company in compliance with Unemployr	nent Compensation: (Y/N):					
Does this company have valid Workers' Compe	=					
Workers' Comp. Policy No.:						
Workers' Comp. Policy Start Date:		licy End Da	te:			
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:						
ASSESSMENT CO	ONTACT OFFICER AND ASSI	ESSMENT M	AILING AD	DRESS		
	Must be Complet					
Name:				_ Phone:		
Address:					C4 - 4 -	7: C - 1-
PO Box/Street	Cit	y			State	Zip Code
Email Address:						
Signature (Must be an owner, partner, LLC)	nember or corporate cff.	cer)		Date		
organistic (must be all owner, partier, LLC)	nember, or corporate om	iei <i>j</i>		Date		
Printed Name of Signature						

PERMIT APPLICATION

OWNERS - OFFICERS

W۷	CONTRACTO	R 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): Last four digits of SSN: xxx-xx-Name: __ Address:_ 7IP PO Box/Street State Telephone No.: E-mail Address: **OWNERS / OFFICERS** Please list ALL company officers (Must Use Legal Name) (Must be an owner, partner, LLC member or corporate officer) First Name MI Last Name Last four digits of SSN: Start Date **End Date** XXX-XX-____ 2. _____ XXX-XX-XXX-XX-____ 7. _____ 8. _____ ______ (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

CONTRACT LABOR INFORMATION

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 <u>use</u> contract labor services or <u>provide</u> contract labor services.

Company Name		WV Permit	
(X) WE <u>DO NOT</u> USE OR PR	OVIDE CONTRACT LABO	OR SERVICES (providing employees as miners)	
(X) WE DO USE OR PROVII	DE CONTRACT LABOR SEI	RVICES (providing employees as miners)	
Complete section(s) below IF you	provide or use Contract 1	Labor Services	
Contract Labor Services:			
Please list below the type of contract service (BE SPECIFIC)	ces you or your employees will	be conducting when on WV mining property:	
			<u> </u>
If you <i>PROVIDE</i> contract labor services to employees will be performing services: (Us	another company, please list to see reverse of form if necessar	the company name and mine site <i>in West Virginia</i> where yorg)	our
			_
If you <u>USE</u> contract labor services from and number, and contact person: (Use reverse		ompany name <i>in West Virginia</i> , address, phone number, per	mit
	_		
Company Official completing this form:			
Signature (must be an owner, partner, LLC me	mber 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	ng		No. of Emplo	yees	
7 Players Club Drive, Ste 2 Charleston, WV 25311-1626		-	(report only actual em		(report only actual employees on mining property)	
		FF				
(304) 558-1425	11020	M	SHA ID No			
FAX (304) 558-6091		To	JiiA ID 110. Ionhono	·		
` /	/I/ D	16	терионе			
Contractor ID No. / WV Permit No. C		FA	·A			
~				nail		
<u> </u>						
DBA						
Address	ice					
Post Off	ice	City		State	ZIP	
TYPE OF SERVICES BEI If performing: construc	NG PERFORMED ction work, detail type of co	onstruction and type	e of equipme	nt used; <u>trucking</u>	g - materials being hauled:	
	ed by leased / contracted la t labor service					
JOB SITE LOCATION						
Company Officers:	Name				Title	
				-		
			_			
			_			
			_			
	(Please use reverse of for	m and/an attach addi	– ional nanawy	awlr if managanur)		
*** *** *** *** *** *** *** *** *** **	(Flease use reverse of for				****	
		Division of Labor				
	vith the WV Code Sections	s §21-5-14 and §22 <i>A</i>	1-3-8, we hav	e reviewed our	files and find this compar	
to be:						
WAGE BOND:	() In Compliance	() Operated 1	+ years		
		() Sufficient V	Wage Bond		
		() No Employ	ees (to be contract	ted)	
		() Not Applic	able		
	() Not In Compliance					
	() Business Entity / Busin	ness Organization Sta	tus			
COMMENTS:	•	J				
COMMENTE (15.						
D	ate		Sig	nature – Wage Bo	onding Division	
				, ,	5	
CONTRACTORS LIC	CENSE:					
	() In Compliance	() WV (ontractors I	icense #		
	() Not Applicable					
	() Not In Compliance	Cidos				
COMMENTS.	() Not in Compnance					
COMMENTS:						
						
D	 ate	-	Sio	mature – Contract	tor 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

	Curren	t Business M	ailing Addr	ess	
Email Address					
9 Digit FEIN#		Pl	HONE #		
Гуре of Business: Consti	ruction Mining Tra	nsportation of	Minerals	Not Applicable	* (attach a scope of wor
Exemptions Please o	nly 1 box. (See back of fo	rm for exemp	tions that r	equire additional veri	ification)
Work performed	d in West Virginia is limite	ed to single fa	mily dwelli	ngs and/or family fa	rming enterprises.
Company does r	not have any employees	working withi	n the state	of West Virginia.	
Company has be	een in business with emp	loyees in the	state of We	st Virginia for a perio	od of one year. *
Company has be	een in business in anothe	r state for a p	eriod of fiv	e years. *	
Company has \$1	100,000.00 or more in ava	ailable assets	and would	like to claim that as a	an exemption. *
Company is a su	bsidiary of a parent comp	pany that has	been in bu	siness for more than	five years. *
To claim this	exemption, enter the nan	ne and addres	s of the qua	lifying parent compa	ny below:
Bond Required - Comp	• •		above exe	mptions must post a	wage bond with the
Division of Labor for a per	riod of 1 year. To determin	ne the amoun	t of bond re	quired enter the following	_
_	riod of 1 year. To determin in WV @ maximum capac			equired enter the following	owing Information.
1. 4 weeks' payroll	-		ion \$	equired enter the following	owing Information.
 4 weeks' payroll Enter 15% of the 	in WV @ maximum capac	ity or product	sion \$	equired enter the following	owing Information.
1. 4 weeks' payroll	in WV @ maximum capac amount of line 1. es 1 & 2 to determine bon	ity or product	sion \$	equired enter the foll	owing Information.
 4 weeks' payroll Enter 15% of the Total the amounts on Line 	in WV @ maximum capac amount of line 1. es 1 & 2 to determine bon	ity or product	sion \$	equired enter the foll	owing Information.
1. 4 weeks' payroll: 2. Enter 15% of the Total the amounts on Line Enter the number of empl	in WV @ maximum capac amount of line 1. es 1 & 2 to determine bon loyees working in WV	d amount.	\$\$ \$	equired enter the following	owing Information
1. 4 weeks' payroll: 2. Enter 15% of the Total the amounts on Line Enter the number of empl	in WV @ maximum capac amount of line 1. es 1 & 2 to determine bon	d amount.	\$\$ \$	equired enter the following	owing Information. - - -
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1. 4 weeks' payroll: 2. Enter 15% of the Total the amounts on Line Enter the number of empl (Print Name of Owner, Payrolf the above named busing workforce increases and the action.	in WV @ maximum capace amount of line 1. es 1 & 2 to determine born loyees working in WV artner, IICMember or Corp Corps ess entity understand that a failure to maintain a tized Representative)	ity or product ad amount, as Officer) at it is my res an adequate v	s s ponsibility twage bond	(Enter Title o increase my wage may result in adminis	owing Information. bond whenever my

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.
 - AWest Virginia Contractor License.
 - ABusiness Registration Certificate with the West Virginia State Tax Department.
 - A Corporate Registration with the West Virginia Secretary of State.

Exemptions that MAYrequire 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

Business Name:		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:	Fax Number:	
Email Address:		
WV Business Registration Tax Number: (Please in	nclude a copy)	
Have you been asked to either produce a West Virgo work site? Yes	No	
If so, the request was made by:		
Address:		
(PLEASE BE SPECIFIC AND ATTACH THE (An exemption will NOT be is		· ·
(The exemption with 1401 be is	sucu vanoui a acianca scop	e of work)
Print or Type Name:		
Signature:	Date:	

Facsimile #: (304) 558-5174

Email Address: <u>CLBoard@wv.gov</u>