



State of West Virginia

WV Office of Miners' Health, Safety & Training
Hillcrest Office Park
#7 Players Club Drive – Suite 2
Charleston, WV 25311-1626
Telephone 304-558-1425 • Fax 304-558-1282
<https://minesafety.wv.gov>

2023 PACKET FOR EXTENSION RENEWAL OF UNDERGROUND AND SURFACE CERTIFICATE OF APPROVAL

To: All WV Underground and Surface Mine Operations
From: Eugene White, Director *E.E.W.*
Date: November 3, 2022
Subject: 2023 Extension Renewal of Certificate of Approval

This packet contains the necessary forms and application for the **2023 EXTENSION RENEWAL** of your **CERTIFICATE OF APPROVAL**.

In accordance with WV Code 22A-2-63(e), annual extensions for all mining permits and certificates of approval are due within thirty (30) days after the first day of January of each year. Each mine operator, applying for an extension of a permit, shall be granted a permit as a matter of right for a fee of one hundred dollars (\$100.00). However, at the time such application is made, the permit holder must be in compliance with WV Code 22A-2-77 and must have also paid or otherwise appealed all coal mine penalty assessments.

In addition, compliance with Unemployment Compensation, Division of Labor, and a current approved Comprehensive Mine Safety Program must be maintained. Proof of Workers' Compensation policy coverage must be provided.

The required application forms for the above referenced extensions are attached to this memo. For your convenience, the WV Office of Miners' Health, Safety and Training has the applications as fillable forms that can be completed and printed, or you can download a copy. Go to <https://minesafety.wv.gov/online-reporting-services/> to look for 2023 Extension Renewal for Underground and Surface Mine Operations. Your extension renewal fee and any coal mine penalty assessments can be paid electronically at <https://minesafety.wv.gov/online-payments>.

The enclosed application, general information form, owners/officers form must be completed in their entirety, including the signature of a company officer, and returned with a check or money order in the amount of \$100.00 per renewal to your WVMHST Regional Office (office addresses listed below). Incomplete applications will cause a delay in your 2023 extension renewal.

All applications must be postmarked no later than January 31, 2023. Please direct any questions concerning the renewal process to your regional WV Office of Miners' Health, Safety and Training.

-
- | | | | |
|----------------|-----------------------------------------------------------|--------------------------|--------------------|
| ▪ Region One | ▪ 14 Commerce Dr. Ste 1 – Westover, West Virginia – 26501 | ▪ Telephone 304-285-3268 | ▪ Fax 304-285-3275 |
| ▪ Region Two | ▪ 830 Virginia Avenue – Welch, West Virginia – 24801 | ▪ Telephone 304-436-8421 | ▪ Fax 304-436-2100 |
| ▪ Region Three | ▪ 431 Running Right Way – Julian, West Virginia – 25529 | ▪ Telephone 304-369-7823 | ▪ Fax 304-369-7826 |
| ▪ Region Four | ▪ 337 Industrial Drive – Oak Hill, West Virginia – 25901 | ▪ Telephone 304-469-8100 | ▪ Fax 304-469-4059 |

West Virginia Office of Miners' Health Safety & Training
Application for
2023 EXTENSION OF CERTIFICATE OF APPROVAL

Pursuant to WV Code 22A-2-63(e), the applicant listed below requests the WV Office of Miners' Health, Safety and Training to extend the Certificate of Approval for the permit listed below for an additional year.

Company _____

Address _____

Is this a new mailing address? _____ WV Permit Number _____

Company Telephone No. _____ Mine Telephone No. _____

E-Mail address: _____ Is this a new e-mail address? _____

Type of CERTIFICATE OF APPROVAL to be extended:

\$100.00 NON-REFUNDABLE Permit Renewal Fee

Payment: _____

Underground Mine

DMM-60

Surface Mine

DMM-60S

Date: _____

Underground Production Contractor

DMM-60B

Surface Production Contractor

DMM-60SB

No permit fee required for Coal Handling Facility (please complete General Information Form)

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

Date _____

Printed name of Company Official Signature _____

MHST Office Use ONLY:

- _____ Applicant Extension Fee Paid
- _____ Applicant Extension Form(s) Complete
- _____ Applicant Assessments Paid / Appealed
- _____ Applicant Monthly Production Reports Filed
- _____ Comprehensive Mine Safety Program
- _____ LOOKBLOCK
- _____ Workers' Compensation Compliance
- _____ Bureau of Employment Programs Compliance

Complete this form, general information form, owners/officers form, labor services information form and return with your extension fee to your regional office.

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

West Virginia Office of Miners' Health Safety & Training

2023 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 <input type="checkbox"/> N <input type="checkbox"/>

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 <input type="checkbox"/> N <input type="checkbox"/>
If Production Contractor (DMM60-B) Provide Name of Company and Permit Number:	
Responsible for Reporting Tonnage: Y <input type="checkbox"/> N <input type="checkbox"/>	
Seam(s) Being Mined:	Thickness:

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

Mine Type: Shaft <input type="checkbox"/> Slope <input type="checkbox"/> Drift <input type="checkbox"/> Combination <input type="checkbox"/>	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 <input type="checkbox"/> Open Pit <input type="checkbox"/> Mt. Top Removal <input type="checkbox"/> Auger <input type="checkbox"/> Highwall <input type="checkbox"/> Other <input type="checkbox"/>
No. of Acres: Does this Operation Use High Voltage Electrical Equipment: Y <input type="checkbox"/> N <input type="checkbox"/>

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

Facility Type: Load out <input type="checkbox"/> Tipple <input type="checkbox"/> Prep Plant <input type="checkbox"/> Cleaning Plant <input type="checkbox"/> River Dock <input type="checkbox"/> Other <input type="checkbox"/>
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
2023 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 use Legal Name)

(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 AVENUE
 WELCH, WV 24801
 (304) 436-8421

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

REGION IV
 WV MHST
 3370 INDUSTRIAL DRIVE
 OAK HILL, WV 25901
 (304) 469-8100

West Virginia Office of Miners' Health Safety & Training

2023 EXTENSION RENEWAL

MINE EMPLOYEE LABOR SERVICES INFORMATION FORM

If your company will be conducting Mine Employee Labor Services, please complete the information for our records, whether you **use** employee labor services, or whether you **provide** employee labor services.

Company Name: _____ WV Permit: _____

DBA: _____

(Y / N) _____ COMPANY PROVIDES OR USES EMPLOYEE LABOR SERVICES (if yes, complete the rest of this form)

Employee Labor Services:

Please list below the type of services you or your employees will be conducting: **(BE SPECIFIC)**

If you **PROVIDE** mine employee 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** mine employee 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)**

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

Date

Printed name of Company Official

Telephone Number