



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

2024 PACKET FOR EXTENSION RENEWAL OF UNDERGROUND AND SURFACE CERTIFICATE OF APPROVAL

To: All WV Underground and Surface Mine Operations
From: Frank Foster, Director F.F.
Subject: 2024 Extension Renewal of Certificate of Approval

This packet contains the necessary forms and application for the 2024 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.

Current approved Comprehensive Mine Safety Program must be maintained.

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 2024 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 2024 extension renewal.

All applications must be postmarked no later than January 31, 2024. Please direct any questions concerning the renewal process to your regional WV Office of Miners' Health, Safety and Training.

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

West Virginia Office of Miners' Health Safety & Training

Application for 2024 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 Type (Electronic or Check)
<input type="checkbox"/> Underground Mine	DMM-60	_____
<input type="checkbox"/> Surface Mine	DMM-60S	Payment Amount _____
<input type="checkbox"/> Underground Production Contractor	DMM-60B	Date: _____
<input type="checkbox"/> 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 Quarterly Production Reports Filed
- ___ Owner and Officers Updated
- ___ LOOKBLOCK
- ___ GI Form Updated

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
GENERAL INFORMATION FORM**

Region: _____

Select Type of Operation (select only one)

UNDERGROUND COAL MINE

SURFACE COAL MINE

COAL HANDLING FACILITY

QUARRY

All Applicants must complete the following section:

COMPANY INFORMATION

Parent Company:

Parent Company Mailing Address:

City:	State:	Zip:
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WV Permit No.:	MSHA ID No:	FEIN No:
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Company Name:	Mine/Facility Name:
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Company Mailing Address:

City:	State:	Zip:
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Company Phone:

Name of Company Contact/Representative:	Title:	Phone:
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Company Email Address:

Co. Registered with WV Sec. of State: Y N

MINE/FACILITY INFORMATION

911 Physical Address:

City:	State:	Zip:
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Latitude:	Longitude:	Quadrangle:
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Location:

No. of Shifts:	Working Status:	County(s):	No. of Employees:
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Mine/Facility Phone:	Dispatch/Emergency Phone:
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Superintendent:	Phone:
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Foreman:	Phone:
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Foreman Cert#:	Foreman Email:	In-house Training: Y <input type="checkbox"/> N <input type="checkbox"/>
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Certified Person Responsible for Training or Safety:	Phone:
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Email Address for Safety Department Contact:

Miners' Representative (if applicable):	Phone:
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Assessment Contact Officer and Assessment Mailing Address

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

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

**West Virginia Office of Miners' Health, Safety & Training
GENERAL INFORMATION FORM**

<i>Underground and Surface Coal Mine</i> Applicants must complete the following section:						
Name of Reclamation Permit Holder:					DMM60-B: Y <input type="checkbox"/> N <input type="checkbox"/>	
If you are a Production Contractor (DMM60-B) <i>Provide Name of Company and Permit Number of the 60 Permit Holder:</i>						
Permit Holder Only, Not Mining: Y <input type="checkbox"/> N <input type="checkbox"/>						
Seam(s) Being Mined:			Thickness:		No. of Acres:	
<p><i>*Every operation is responsible for reporting their manhours and tonnage they produce*</i></p> <p><i>*Host permits will not report 60B's tonnage*</i></p> <p><i>*If you are in an Inactive Status, you must report your manhours even if there isn't any tonnage to report*</i></p> <p><i>*If you are Approved Inactive, you do not report tonnage or manhours. This means there isn't any work being done*</i></p> <p><i>*Host Permits that are permit holders only and are not mining are not responsible for reporting tonnage or manhours*</i></p>						
<i>Underground Coal Mine</i> Applicants must complete the following section:						
Mine Type:		Shaft: <input type="checkbox"/>	Slope: <input type="checkbox"/>	Drift or Combination: <input type="checkbox"/>	No. of Sections:	
Mining Direction: Advance: <input type="checkbox"/> Retreat: <input type="checkbox"/> Both: <input type="checkbox"/>						
Roof bolt - Type and Size:			Inside Haulage Type:			
Mine Rescue Services provided by (required by 22-1A-33):						
<i>Surface Coal Mine</i> Applicants must complete the following section:						
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"/>
Does this Operation Use High Voltage Electrical Equipment Y <input type="checkbox"/> N <input type="checkbox"/>						
<i>Coal Handling Facility</i> Applicants must complete the following section:						
Facility Type:		Loadout: <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:			DEP Permit O#:	
No. of Employees:		Operating Days:		Empl. Hrs. Worked Per Month:		
<i>Quarry</i> Applicants must complete the following section:						
Mineral(s) Produced:			Geological Formation:			

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

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

**West Virginia Office of Miners' Health, Safety & Training
GENERAL INFORMATION FORM**

**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 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

	First Name	MI	Last Name	Last Four 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 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 - WVTCC
WV MHST
PO Box 180
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
2024 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