



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>

2025 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: 2025 Extension Renewal of Certificate of Approval

This packet contains the necessary forms and application for the **2025 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 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 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.

For your convenience, the WV Office of Miners' Health, Safety and Training has made the application forms fillable so they can be completed and printed, or you can download a copy. Go to <https://minesafety.wv.gov/online-reporting-services/> to look for 2025 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>. (*Please attach proof of payment to your packet.*)

The enclosed application, general information form, and owners/officers form must be completed in their entirety. This includes the signature of an owner, partner, LLC member, corporate officer, or power-of-attorney. The application and forms need to be returned with a check, money order, or proof of online payment 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 2025 extension renewal.

All applications must be postmarked no later than January 31, 2025. Please direct any questions concerning the renewal process to your regional WV Office of Miners' Health, Safety and Training.

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- | | | | |
|----------------|---|--------------------------|--------------------|
| ▪ 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
2025 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 _____

Mine Name: _____

Address _____

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

Company Telephone No. _____ Mine Telephone No. _____

Print Name of Extension Contact: _____ 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

<input type="checkbox"/> Underground Mine	DMM-60	Payment Type (Electronic or Check)
<input type="checkbox"/> Surface Mine	DMM-60S	Payment Amount
<input type="checkbox"/> Underground Production Contractor	DMM-60B	_____
<input type="checkbox"/> Surface Production Contractor	DMM-60SB	Date:

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	____ LOOKBLOCK
____ Applicant Extension Form(s) Complete	____ Owners & Officers List Complete
____ Applicant Assessments Paid / Appealed	____ Owner & Officers Signature Confirmed
____ Applicant Quarterly Production Reports Filed	____ Owners & Officers Updated
____ Bureau of Employment Programs Compliance	____ Worker's Compensation
____ CMSP	____ WV SOS Office
____ 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:			
Corporate/Parent Company Information			
Parent Company:			
Parent Company Address:			
City:	State:	Zip:	
Company Information			
Company Name:		DBA:	
Mine/Facility Name:			
WV Permit No.:	MSHA ID No:	FEIN No.:	
Company Mailing Address:			
City:	State:	Zip:	
Company Phone:			
Name of Company Contact/Representative:			
Title:		Phone:	
Company Email Address:			
Co. Registered with WV Sec. of State: Y <input type="checkbox"/> N <input type="checkbox"/>			
WV Workers Comp Policy No.:		Effective Date:	
Mine/Facility Information			
911 Physical Address:			
City:	State:	Zip:	
Latitude:	Longitude:	Quadrangle:	
Location:			
No. of Shifts:	Working Status:	County(s):	No. of Employees:
Mine/Facility Phone:		Dispatch/Emergency Phone:	
Superintendent:		Phone:	
Foreman:		Phone:	
Foreman Cert#:	Foreman Email:	In-house training: Y <input type="checkbox"/> N <input type="checkbox"/>	
Certified Person Responsible for Training or Safety:			Phone:
Email Address for Safety Department Contact:			
Miners' Representative (if applicable):			Phone:
Assessment Contact Officer and Assessment Mailing Address			
Name:	Title:	Phone:	
Address:			
City:	State:	Zip:	
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**

***Underground and Surface Coal Mine* Applicants must complete the following section:**

Name of Reclamation Permit Holder: DMM60-B: Y N

If Production Contractor (DMM60-B) ***Provide Name of Company and Permit Number of the 60 Permit Holder:***

Permit Holder Only, Not Mining: Y N

Seam(s) Being Mined: Thickness: No. of Acres:

Every operation is responsible for reporting their manhours and tonnage they produce
Host Permits will not report 60B's tonnage
If you are in an Inactive Status, you must report your manhours even if there isn't any tonnage to report
If you are Approved Inactive, you do not report tonnage or manhours. This means there isn't any work being done
Host Permits that are permit holders only and are not mining are not responsible for reporting tonnage or manhours

***Underground Coal Mine* Applicants must complete the following section:**

Mine Type: Shaft: Slope: Drift or Combination: Number of Sections:

Mining Direction: Advance: Retreat: Both:

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:**

Operation Type: Contour: Open Pit: Mt. Top Removal: Auger: Highwall: Other:

Does this Operation Use High Voltage Electrical Equipment: Y N

***Coal Handling Facility* Applicants must complete the following section:**

Facility Type: Loadout: Tipple: Prep Plant: Cleaning Plant: River Dock: Other:

Type of Haulage into facility:

Type of Haulage out of facility:

DEP Permit O#:

Operating Days: Employee Hours Worked Per Month:

***Quarry* Applicants must complete the following section:**

Mineral(s) Produced:

Geological Formation:

Print Name

_____ Title _____ Date _____

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

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

PERMIT APPLICATION 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 for digits of SSN: XXX-XX-		
Address:			
City:	State:	Zip:	
Telephone No.:			
Email Address:			

OWNERS / OFFICERS

*Must Provide Legal Name
Of Individual or Company*

*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 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
2025 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