



State of West Virginia
WV Office of Miners' Health, Safety & Training

#7 Players Club Drive – Suite 2
Charleston, WV 25311-1626
Telephone 304-558-1425 • Fax 304-558-1282
<https://minesafety.wv.gov>

**2026 PACKET FOR EXTENSION RENEWAL
OF UNDERGROUND AND SURFACE CERTIFICATE OF APPROVAL**

To: All WV Underground and Surface Mine Operations
From: Frank Foster, Director *FF*
Subject: 2026 Extension Renewal of Certificate of Approval

For your convenience, the WV Office of Miners' Health, Safety & Training has made the **2026 EXTENSION RENEWAL** of your **CERTIFICATE OF APPROVAL** application and forms fillable so they can be completed and submitted by email, or you can print after completion and mail them to your regional office. Please go to the following link or **use the QR Code** above <https://minesafety.wv.gov/online-reporting-services/underground-surface-mines-certificate-of-approval-extension/> to look for 2026 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-reporting-services/online-orders-payments/>. **(Please attach proof of payment to your packet.)**

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 following WV Code 22A-2-77 and must have also paid or otherwise appealed all penalty assessments, and all required quarterly reports have been filed.

In addition, your permit must have a current approved Comprehensive Mine Safety Program, and your company must be following Unemployment Compensation, Worker's Compensation, and be registered with the WV Secretary of State's office. Proof of Workers' Compensation policy coverage must be provided.

The application, general information, and owners/officers' forms 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 must be returned with a check, money order, or receipt from the online payment portal in the amount of \$100.00 per renewal to your WVMHST Regional Office (office addresses listed below).

Please note that non-compliance with any of the following criteria will cause a delay, and your 2026 extension renewal will not be issued until such time as the issues are resolved.

- | | |
|------------------------------|---|
| 1. Outstanding assessments | 5. In default with Unemployment Compensation |
| 2. Incomplete forms | 6. Invalid or expired Workers' Compensation |
| 3. No renewal fee | 7. Not being registered with the WV Secretary of State's office |
| 4. Missing quarterly reports | |

It is required that you list current corporate officers on the annual application that is filed with our office on the General Information Owners/Officers page and provide an approximate start date. If officers are to be removed, please provide the name, the last 4 digits of the SSN, and give an approximate date of departure. It is important that this information be kept current.

All applications must be postmarked no later than January 31, 2026. To assist us in the renewal process, please allow sufficient time for us to review and process the applications. No extension renewals will be issued before January 1, 2026. However, if assistance is needed, please contact your regional WV Office of Miners' Health, Safety & Training.

West Virginia Office of Miners' Health Safety & Training
Application for
2026 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.

Operating Company: _____

Mine Name: _____

Address: _____
PO Box/Street City State Zip/Eqf g

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

Company Telephone No.: _____ Mine Telephone No.: _____

Name of Company Contact: _____ Telephone No.: _____

Email Address: _____ Is this a new e-mail address? _____

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	_____ GI Form Updated
_____ 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
_____ LOOKBLOCK (<i>check owners & officers for assessments</i>)	
_____ Bureau of Employment Programs Compliance – http://ucemployers.workforce.org	
_____ Valid Workers' Compensation – https://www.ncci.com and https://www.wvinsurance.gov	
_____ WV SOS Status (<i>must be valid and active</i>) – https://apps.sos.wv.gov/business/corporations/	

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

The 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 Information

Corporate/Parent Company:

Address:

PO Box/Street

City

State

Zip Code

Phone Number:

Operating Company Information

Operating Company Name:

DBA:

Mine/Facility Name:

WV Permit No.:

MSHA ID No:

FEIN No.:

Address:

PO Box/Street

City

State

Zip Code

Company Phone:

Name of Company Contact/Representative:

Title:

Phone:

Best E-Mail Address for Receiving Information and Correspondence:

Is this company registered, active, and valid with the Secretary of State to conduct business in WV: Y ☐ N ☐

Is this company in compliance with Unemployment Compensation: Y ☐ N ☐

Does this company have valid Workers' Compensation: Y ☐ N ☐

Worker's Comp. Policy No:

Workers' Comp. Policy Start Date:

Policy End 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 ☐ N ☐

Certified Person Responsible for Training or Safety:

Phone:

Email Address for Safety Department Contact:

Miners' Representative (if applicable):

Phone:

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

Assessment Contact Officer and Assessment Mailing Address				
Name:		Title:		Phone:
Address:				
PO Box/Street		City	State	Zip Code
Email Address:				
Underground and Surface Coal Mine 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) you must <i>Provide Name of Company and Permit Number of the DMM60 Permit Holder:</i>				
Permit Holder Only, Not Mining: Y <input type="checkbox"/> N <input type="checkbox"/>				
Seam(s) Being Mined:		Thickness:	No. of Acres:	
<i>*Every operation is responsible for reporting their manhours and tonnage they produce*</i> <i>*Host Permits will not report 60B's tonnage*</i> <i>*If you are in an Inactive Status, you must report your manhours even if there isn't any tonnage to report*</i> <i>*If you are Approved Inactive, you do not report tonnage or manhours. This means there isn't any work being done*</i> <i>*Host Permits that are permit holders only and are not mining are not responsible for reporting tonnage or manhours*</i>				
Underground Coal Mine Applicants must complete the following section:				
Mine Type:	Shaft: <input type="checkbox"/>	Slope: <input type="checkbox"/>	Drift or Combination: <input type="checkbox"/>	Number of MMU's: _____
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):				
Surface Coal Mine 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"/>				
Coal Handling Facility 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#:				
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

2026 EXTENSION RENEWAL 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. 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/Street	City State Zip «ÿj
Telephone No.:	Email Address:

OWNERS / OFFICERS

	<i>Must Provide Legal Name Of Individual or Company</i>		<i>Must Provide Last 4 Digits of SSN and Title</i>		<i>Must provide Start Date</i>	<i>Must provide End Date showing when the Owner/Officers affiliation ended</i>	
	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

WV Office of Miners' Health, Safety & Training
MINE EMPLOYEE LABOR SERVICES INFORMATION FORM
2026 EXTENSION RENEWAL

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: _____

Yes ☐ or No ☐ 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)

Printed name of Company Official

Title

Date