



State of West Virginia
Earl Ray Tomblin, Governor

WV Office of Miners' Health, Safety & Training
Eugene White, Director
Hillcrest Office Park
#7 Players Club Drive – Suite 2
Charleston, WV 25311-1626
Telephone 304-558-1425 • Fax 304-558-6091
www.wvminesafety.org

**2017 PACKET FOR EXTENSION RENEWAL
INDEPENDENT CONTRACTOR CERTIFICATE OF APPROVAL**

To: All Independent Contractors on WV Mine Sites
From: Eugene White, Director *EEW*
Subject: 2017 Extension Renewal Independent Contractor Certificate of Approval

This packet contains the necessary forms and application for the **EXTENSION RENEWAL of your 2017 INDEPENDENT CONTRACTOR CERTIFICATE OF APPROVAL**. This renewal is required for you to perform work at West Virginia coal mine sites. If you received this packet you currently hold a 2016 permit that will expire on January 31, 2017 and must be renewed to continue to perform work during calendar year 2017 at WV coal mine sites.

In accordance with WV Code 22A-2-63(e), application for extension of certificate of approval must be submitted to the Office of Miners' Health, Safety and Training within thirty (30) days after the first day of January of each year. Such application must be accompanied by a one hundred-dollar (\$100.00) renewal fee. An extension to the existing certificate of approval will be granted if at the time such application is made, the operator has 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 in compliance with Worker's Compensation, Unemployment Compensation, and the Division of Labor.

The attached application and general information forms must be completed in their entirety, and must include the signature of a Corporate Officer and returned with a check or money order in the amount of \$100. Please note that non-compliance of any of the following criteria will cause a delay and your 2017 extension renewal will not be issued until such time the issues are resolved;

- 1) incomplete forms;
- 2) no renewal fee;
- 3) expired comprehensive safety program;
- 4) default on Unemployment Compensation;
- 5) invalid or expired Worker's Compensation;
- 6) outstanding assessments; or
- 7) missing quarterly man-hour reports.

In the event, you don't meet the criteria for 2017 renewal, you will receive **ONE** written notification from this office detailing the criteria necessary. No additional notices will be sent. It is the responsibility of the independent contractor to follow up with our office if you receive anything other than your 2017 extension renewal.

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, last 4 digits of SSN and give an approximate date of departure. It is important that this information be kept current.

The required application forms for the above referenced extensions are attached to this notice or you can print out this packet from our webpage at:

<http://www.wvminesafety.org/contrfrm.htm>

Your 2017 extension renewal fee and any outstanding penalty assessments can be paid with a Visa or MasterCard at <http://www.wvminesafety.org/epay.htm>. Please provide copies of any online payment confirmations along with the renewal forms.

Please submit your completed application for extension and \$100 renewal fee to the following address:

**WV Office of Miners' Health, Safety and Training
Hillcrest Office Park
7 Players Club Drive - Suite 2
Charleston, WV 25311-1626
ATTN: CONTRACTORS**

All applications must be postmarked no later than January 31, 2017. 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, 2017. However, if assistance is needed please call our Charleston office at 304-558-1425 or as follows:

Contractors: Numerical, and A through Z (304) 957-2313 Leona Wehrle

If you currently have an APPROVED INACTIVE status, you must still renew your permit and your Comprehensive Mine Safety Program for the inactive status to apply. The Inactive Status only applies to the reporting of your quarterly man hours.

If you choose not to renew for calendar year 2017 or you haven't filed for an Approved Inactive status, a written request to close your permit is required. Please include the company name, WV permit number (C#), telephone number, contact name, and the effective date of the closure. The written request must be signed and dated by a company official, along with their title and mail to the address above.

Please note, once a permit is closed with our office if you choose to work on mining property you will need to go through the entire permitting process again.

Complete this form and all additional forms that are enclosed, and return with your extension fee to the following address:

WV OFFICE OF MINERS' HEALTH, SAFETY AND TRAINING
Hillcrest Office Park
7 Players Club Drive - Suite 2
Charleston, WV 25311-1626
Phone (304) 558-1425 FAX: (304) 558-6091
www.wvminesafety.org

2017 EXTENSION RENEWAL INDEPENDENT CONTRACTOR CERTIFICATE OF APPROVAL

Company _____

Address _____

Is this a new mailing address? _____ Telephone No. _____

WV Permit Number _____

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

Type of CERTIFICATE OF APPROVAL to be extended:

(X) Independent Contractor DMM-60C

Payment:

Date:

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

Date

Printed Name of Signature

MHST Office Use ONLY:

_____ Extension Fee Paid
_____ Extension Form(s) Complete
_____ Assessments Paid / Appealed
_____ Quarterly Production Reports Filed
_____ Comprehensive Mine Safety Program: Anniversary Date _____
_____ LOOKBLOCK
_____ Workers' Compensation Compliance _____
_____ Bureau of Employment Programs Compliance
_____ Approved Inactive _____

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

Website: www.wvminesafety.org

2017 INDEPENDENT CONTRACTOR GENERAL INFORMATION

WV Permit No. _____ MSHA ID No. _____ FEIN No. _____

Workers Comp. Policy No. _____ Effective Dates of Policy _____

Company Name _____

E-Mail Address: _____

Mailing Address _____

City _____ State _____ ZIP _____

County _____ Company Phone _____ No. of Employees _____

Site preparation _____	Drainage _____	Contract Labor (Providing Employees as Miners) _____
Electrical _____	Explosives _____	Maintenance _____
Construction _____	Type of Construction _____	
Reclamation _____	Trucking _____ Material transported _____	
Other (Please be specific) _____		

Is this company registered with the Secretary of State to conduct business in West Virginia? (Y/N) _____

Does this Company provide in-house training? (Y/N) _____

Certified Person Responsible For Training _____

Title: _____ Telephone _____

APPROVED COMP. MINE SAFETY PROGRAM (Y/N) _____ Anniversary Date _____

Company Contact Person: _____ Title: _____

Telephone: _____

If this company has no employees other than the owner/operator, please list an emergency contact for that individual:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

ASSESSMENT CONTACT OFFICER AND ASSESSMENT MAILING ADDRESS

(Assessments will be sent to this address unless otherwise specified):

Name _____ Title _____ Phone _____

Address _____

PO Box

City

State

ZIP

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

Date

Printed Name of Signature

YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM

2017 PERMIT APPLICATION

OWNERS – OFFICERS

WV PERMIT C-

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 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 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
891 STEWART STREET
WELCH, WV 24801
(304) 436-8421

REGION III

WV MHS & T
137 PEACH CT. SUITE 2.
DANVILLE, WV 25053
(304) 369-7823

REGION IV

WV MHS & T
550 INDUSTRIAL PARK DR.
OAK HILL, WV 25901
(304) 469-8100

REVISED 10-2016

2017 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 below listed information for our records, whether you use contract labor services, or whether you provide contract labor services.

Company Name _____ WV Permit _____

_____ **(X) WE DO NOT USE OR PROVIDE CONTRACT LABOR SERVICES (providing employees as miners)**

_____ **(X) WE DO USE OR PROVIDE CONTRACT LABOR SERVICES (providing employees as miners)**

complete section(s) below

Contract Labor Services:

Please list below the type of contract services you or your employees will be conducting when on WV mining property:
(BE SPECIFIC)

If you **PROVIDE** contract 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** contract 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)**

Company Official completing this form:

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

Date

Printed name of Signature

Telephone No.