



*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 304-558-1282  
[www.wvminesafety.org](http://www.wvminesafety.org)

**2017 PACKET FOR EXTENSION RENEWAL  
OF UNDERGROUND AND SURFACE CERTIFICATE OF APPROVAL**

To: All WV Underground and Surface Mine Operations  
From: Eugene White, Director *EEW*  
Subject: 2017 Extension Renewal of Certificate of Approval

This packet contains the necessary forms and application for the **2017 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 [www.wvminesafety.org/mineforms.htm](http://www.wvminesafety.org/mineforms.htm) look for 2017 Extension Renewal for Underground and Surface Mine Operations. Your extension renewal fee and any coal mine penalty assessments can be paid electronically at [www.wvminesafety.org/epay.htm](http://www.wvminesafety.org/epay.htm)

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 2017 extension renewal.

All applications must be postmarked no later than January 31, 2017. Please direct any questions concerning the renewal process to your regional WV Office of Miner's 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 ▪ 891 Stewart St. - Welch, West Virginia 24801-2311 ▪ Telephone 304-436-8421 ▪ Fax 304-436-2100
  - Region Three ▪ 137 Peach Court, Suite 2 - Danville, West Virginia 25053 ▪ Telephone 304-369-7823 ▪ Fax 304-369-7826
  - Region Four ▪ 550 Industrial Dr. - Oak Hill, West Virginia 25901-9714 ▪ Telephone 304-469-8100 ▪ Fax 304-469-4059

**West Virginia Office of Miners' Health Safety & Training**  
**Application for**  
**2017 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: \_\_\_\_\_

Co. 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**
- Underground Production Contractor**    **DMM-60B**
- 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
- \_\_\_\_\_ Applicant Extension Form(s) Complete
- \_\_\_\_\_ Applicant Assessments Paid / Appealed
- \_\_\_\_\_ Applicant Quarterly Production Reports Filed
- \_\_\_\_\_ Comprehensive Mine Safety Program                      Anniversary Date \_\_\_\_\_
- \_\_\_\_\_ 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 MHS T  
14 COMMERCE DRIVE, SUITE 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 COURT, SUITE 2  
DANVILLE, WV 25053  
(304) 369-7823

**REGION IV**  
WV MHS T  
550 INDUSTRIAL DRIVE  
OAK HILL, WV 25901  
(304) 469-8100

# West Virginia Office of Miners' Health Safety & Training

## 2017 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 - N

**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/N
If Production Contractor (DMM60-B) Provide Name of Company and Permit Number:	
Responsible for Reporting Tonnage: Y/N	
Seam(s) Being Mined:	Thickness:

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

Mine Type:	Shaft	Slope	Drift	or	Combination	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 (circle operation type)**

Operation Type:	Contour	Open Pit	Mt. Top Removal	Auger	Highwall	Other
No. of Acres:	Does this Operation Use High Voltage Electrical Equipment Y/N					

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

Facility Type:	Load out	Tipple	Prep Plant	Cleaning Plant	River Dock	Other
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**  
**2017 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 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 MHS T  
 14 COMMERCE DRIVE, SUITE 1  
 WESTOVER, WV 26501  
 (304) 285-3268

**REGION II**  
 WV MHS T  
 891 STEWART STREET  
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 (304) 469-8100

**West Virginia Office of Miners' Health Safety & Training**

**2017 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)**

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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)**

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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)**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Company Official

\_\_\_\_\_  
Telephone Number