2019 PACKET FOR EXTENSION RENEWAL
INDEPENDENT CONTRACTOR CERTIFICATE OF APPROVAL

To: All Independent Contractors on WV Mine Sites
From: Eugene White, Director EW
Subject: 2019 Extension Renewal Independent Contractor Certificate of Approval

This packet contains the necessary forms and application for the EXTENSION RENEWAL of your 2019 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 2018 permit that will expire on January 31, 2019 and must be renewed to continue to perform work during calendar year 2019 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 2019 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 2019 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 2019 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 2019 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, 2019. 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, 2019. However, if assistance is needed please call our Charleston office at 304-558-1425 or as follows:

Contractors: Tina Whitt (304) 957-2313 or tina.m.whitt@wv.gov

If you currently have an APPROVED INACTIVE status, you must still renew your permit 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 2019 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.

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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 Ave. - 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
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

2019 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:

Payment:

( X ) Independent Contractor DMM-60C ____________________________

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: Current Approval Date ____________________________

_____ LOOKBLOCK

_____ SOS Status ____________________________

_____ Bureau of Employment Programs Compliance (UC)

_____ Approved Inactive

$100.00 NON-REFUNDABLE Permit Renewal Fee

Revised 10/2018
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

2019 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) ______ Approval 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
### OWNERS – OFFICERS

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:**

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<tr>
<th>Name</th>
<th>Last four digits of SSN</th>
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Address

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<th>City</th>
<th>State</th>
<th>ZIP</th>
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Telephone No. ____________________________  E-mail Address: ____________________________

**OWNERS / OFFICERS**

Please list ALL company officers  
(Must be an owner, partner, LLC member or corporate officer)

<table>
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<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Last four digits of SSN:</th>
<th>Title</th>
<th>Start/End Date</th>
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(If additional owners/officers are to be listed, use additional sheet(s))

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**Miners’ Health, Safety and Training use only:**

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<tr>
<th>Company ID</th>
<th>File Update</th>
<th>Incomplete</th>
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**REGIONAL OFFICE ADDRESSES**

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<tr>
<th>REGION</th>
<th>ADDRESS</th>
<th>PHONE</th>
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<tr>
<td>I</td>
<td>14 COMMERCE DR., STE. 1  WESTOVER, WV 26501 (304) 285-3268</td>
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<tr>
<td>II</td>
<td>891 STEWART STREET  WELCH, WV 24801 (304) 436-8421</td>
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<tr>
<td>III</td>
<td>137 PEACH CT. SUITE 2.  DANVILLE, WV 25053 (304) 369-7823</td>
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<td>IV</td>
<td>550 INDUSTRIAL PARK DR.  OAK HILL, WV 25901 (304) 469-8100</td>
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2019 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)

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

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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)

___________________________________________________________________________________________________________

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Company Official completing this form:

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

Printed name of Signature _____________________________ Telephone No. _____________________________