Attached please find the entire application package for the DMM60Q Quarry Contractor Certificate of Approval. These forms can be found at [http://www.wvminesafety.org](http://www.wvminesafety.org).

Please read these instructions carefully - This should help you to identify what is required for permitting. Please direct any questions to the MHST Charleston office on the attached Permitting Contacts page.

1. DMM-60Q Certificate of Approval permit application
2. One-time non-refundable $50.00 permit fee.
3. Quarry Contractor General Information (2 pages) - ALL pages MUST be completed and include the last four digits of the owner/officers Social Security numbers, as well as their title. PERMITS WILL NOT BE RELEASED WITHOUT THE OWNER INFORMATION.
4. WV Division of Labor forms (3 pages) (Wage Bond may be required) For instructions see next page
5. If your business is Incorporated, a Corporation, PLLC or LLC - you MUST be registered with the WV Secretary of State's Office (WVSOS).
   - Include a copy of the WVSOS Certificate of Authority.
6. Copy of WV State Business Tax Registration
7. Proof of Workers Compensation. MUST provide copy of certificate of coverage.
8. Compliance with Bureau of Unemployment Compensation
   - Will be verified on default database
9. Submit CMSP and forms for review and approval to the local regional office. See location and addresses at the bottom of these instructions
   - Initial Submittal forms for the Comprehensive Mine Safety Program (CMSP) – NO FEE REQUIRED
   - Written Comprehensive Mine Safety Program (CMSP), inclusive of the task specific sheet. A sample is available on our webpage.

ALL FORMS MUST HAVE AN ORIGINAL SIGNATURE
Signatures MUST be that of an Owner, Partner, LLC member or Corporate Officer

ALL FORMS AND INFORMATION MUST BE SUBMITTED, AND AN APPROVED CERTIFICATE OF APPROVAL MUST BE ISSUED PRIOR TO ANY WORK COMMENCEING ON QUARRY PROPERTY!!

Submit items 1 through 7 with your fee and attached copies to:
7 Players Club Dr., Suite 2, Charleston, WV 25311/(304) 558-1425; FAX: (304) 558-6091

Submit item 9 (both sets of forms) to one of the following Regional Offices for review and approval by a MHST Safety Instructor:

For a map outlining the counties located within the regional offices, go to: [http://www.wvminesafety.org/regionmap.htm](http://www.wvminesafety.org/regionmap.htm)
If the nature of your work or the location changes from what was submitted on the original Certificate of Approval, you MUST submit these modifications to the permit IN WRITING to the Charleston office. A new general information sheet, other additional forms, additions to the CMSP, miner certifications, or training may also be required.

If you decide to close your company, you must notify our Charleston office IN WRITING WITHIN 60 DAYS, stating the company name, WV permit number, and an effective date of the closure. The letter MUST be signed by the Owner, Partner, LLC member or Corporate Officer. You may FAX the notice to (304) 558-6091. Before the permit may be closed, all outstanding or delinquent assessments must be paid in full. Please contact the Assessment Officer at (304) 436-8421 to determine what fines, if any, are outstanding.

If the company name were to change, or the Federal Employers Identification Number (FEIN) changes from what is submitted on the original paperwork we currently have on file, this will require a NEW PERMIT, and must go through the permitting process again for a new permit.

WV Division of Labor

ALL Division of Labor forms MUST have an original Company Official’s signature. Signature MUST be an Owner, Partner, LLC member or Corporate Officer.

- **DMM-1CC** Division of Labor Tracking Sheet
- **Affidavit** (MUST BE SIGNED AND NOTARIZED)

If the applicant company has been in business for less than five years, and has one or more employees, depending on the nature of the work they may need to contact the Division of Labor about posting a Wage Bond.

Companies operated by the Owner / Operator are exempted from this requirement, but must still complete ALL paperwork.

- **Exemption Request** from the Contractors Licensing Act application. Complete form and be specific in detailing the on-site work on the bottom of the form. Labor will use this information to make the determination for the exemption.

**Applicant company must** have one of the following:

- Exemption letter from the Division of Labor Contractor Licensing (*this letter does not exclude you from MHST requirements for permitting*), or
- Contractors’ License from the Division of Labor Prior to release of MHST Certificate of Approval.

To inquire whether a license is required, the contractor may contact the Division of Labor at (304) 558-7890 and ask for the Contractor Licensing section. Applicants need to be VERY specific in describing the nature of the work to be performed and equipment used.
WV Insurance Commission (Workers’ Comp)

- Copy of current Workers’ Compensation Certificate of Coverage.

Effective July 1, 2008, the Workers’ Compensation requirement has been expanded to allot for carriers that have made filings with the Rates and Forms Division of the Insurance Commissioner’s offices to verify coverage for applicant companies. For additional information, contact the WV Insurance Commissioner’s office at (304) 558-6279.

It is recommended that all paperwork submitted by the Quarry Contractor should be copied and maintained for your own records. Exemptions issued through one State agency does not exempt the requirements of other State agencies with which you must be in compliance for the issuance of this permit.

The Quarry Contractor Certificate of Approval is a one-time permit, but you will need to update your Comprehensive Mine Safety Program each year by the anniversary date. You will receive the paperwork for renewal in the mail when you are due for renewal.

Additionally, Quarry Contractors will be required to submit monthly man hours while on site on forms available on our website.

WV OFFICE OF MINERS’ HEALTH, SAFETY & TRAINING PERMITS ARE NON-TRANSFERRABLE

PLEASE NOTE: Your permit application is NOT complete until you have DMM-60Q documents returned to you from the WV Office of MHST.

1. A signed copy of the DMM-60Q Certificate of Approval
2. An approved Comprehensive Mine Safety Program letter that provides the one-year Anniversary Date of your program.
# Permitting Contacts

<table>
<thead>
<tr>
<th>Agency</th>
<th>Webpage</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHST Charleston Office</td>
<td><a href="http://www.wvminesafety.org">www.wvminesafety.org</a></td>
<td>(304) 558-1425</td>
</tr>
<tr>
<td>Quarry Contractor Certificate of Approval</td>
<td></td>
<td>(304) 957-2313</td>
</tr>
<tr>
<td>WV Division of Labor</td>
<td><a href="http://www.wvlabor.org">www.wvlabor.org</a></td>
<td>(304) 558-7890</td>
</tr>
<tr>
<td>Wage Bonding</td>
<td></td>
<td>ext. 144</td>
</tr>
<tr>
<td>Contractor Licensing</td>
<td></td>
<td>ext. 161</td>
</tr>
<tr>
<td>WV Secretary of State</td>
<td><a href="http://www.wvsos.com">www.wvsos.com</a></td>
<td>(304) 558-6000</td>
</tr>
<tr>
<td>To register to do business in West Virginia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WV Department of Tax &amp; Revenue</td>
<td><a href="http://www.wva.state.wv.us/wvtax">www.wva.state.wv.us/wvtax</a></td>
<td>(304) 558-3333</td>
</tr>
<tr>
<td>To obtain Business Tax Registration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WV Insurance Commission</td>
<td><a href="http://www.wvinsurance.gov">www.wvinsurance.gov</a></td>
<td>(304) 558-6279</td>
</tr>
<tr>
<td>Workers’ Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WV Bureau of Employment Programs</td>
<td><a href="http://www.wvbep.org/bep">www.wvbep.org/bep</a></td>
<td>(304) 558-1281</td>
</tr>
<tr>
<td>WV Public Service Commission</td>
<td><a href="http://www.psc.state.wv.us">www.psc.state.wv.us</a></td>
<td>(304) 340-0300</td>
</tr>
<tr>
<td>CRT Overweight Truck Stickers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CERTIFICATE OF APPROVAL
For Quarry Contractors

Company Name ____________________________________________

DBA _____________________________________________________

WV Permit Number ____________________ MSHA ID Number ____________________

Mailing Address ____________________________________________

City ___________________________ State ___________________________ ZIP

Telephone Number ( ) ___________________________ E-mail __________________

Number of Employees Working at WV Quarry properties ___________ (minimum of one employee)

Having complied with statutory requirements set forth in WV CSR 56-20-26, the above named contractor has the right to provide contract services at Quarry operations in the State of West Virginia.

QUARRY operations ONLY

NOTES: A copy of this certificate of approval must be available at the quarry site where the above named Quarry Contractor is providing services.

THIS QUARRY ONLY PERMIT DIFFERS FROM THE INDEPENDENT CONTRACTOR CERTIFICATE OF APPROVAL FOR COAL MINE PROPERTY. THE QUARRY ONLY CERTIFICATE OF APPROVAL DOES NOT ALLOW YOU TO WORK ON COAL MINE PROPERTY.

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

DIRECTOR OR AUTHORIZED REPRESENTATIVE
Office of Miners’ Health, Safety & Training ___________________________ Date of Approval ___________________________

NOTE: One time $50 non-refundable, non-transferable fee / Permit DOES NOT expire

QUARRY CONTRACTORS ARE REQUIRED TO COMPLY WITH THE QUARRY REGULATIONS AND APPLICABLE LAW NOTED IN THE QUARRY REGULATION PUBLICATION. Copies may be purchased from the publication link on our website at www.wvminesafety.org.

FOR MHST OFFICE USE ONLY

$50.00 Permit Fee ___________________________

Comprehensive Mine Safety Program – Anniversary Date ___________________________

LOOKBLOCK ___________________________

Division of Labor ___________________________

Workers Compensation ___________________________

Bureau of Employment Programs ___________________________
CSR 56-20-26. Independent Contractor Register. 26.1 All independent contractors as defined shall register with the West Virginia Office of Miners’ Health, Safety and Training within sixty (60) days of the effective date of the rules and receive a contractor identification number before performing services or construction work at quarries in this state. A one-time fee of fifty dollars ($50.00) will be required to register.

26.2 In the event the quarry-only independent contractor ceases working on quarry mine property, they shall notify the Director in writing within sixty (60) days.

26.3 The quarry-only independent contractor permit is for work performed at quarries only and does not include working on coal mine property.

26.4 To register, all independent contractors shall provide the West Virginia Office of Miners’ Health, Safety and Training the following information on forms provided by the West Virginia Office of Miners’ Health, Safety and Training:

a. The independent contractor’s trade name, business address, and business telephone;

b. A general description of the nature of the work to be performed by the independent contractor; and

c. The independent contractor’s address of record for service of citations or other documents involving the independent contractor.

26.5 If any of the above information changes, the independent contractor shall advise the West Virginia Office of Miners’ Health, Safety and Training of such change within thirty (30) days.

26.6 Upon receipt of the above information, the West Virginia Office of Miners’ Health, Safety and Training shall issue a contractor identification number. Prompt issuance of the contractor identification number shall not be unreasonably withheld.

26.7 Prior to performing work at the quarry, each independent contractor shall provide the production operator the information contained in subsection 26.4, along with his West Virginia Office of Miners’ Health, Safety and Training contractor identification number.

26.8 Each production operator shall maintain in writing at the quarry the information required by subsection 26.7 for each independent contractor at the quarry. The production operator shall provide the above information to an authorized representative of the Director upon the beginning of any inspection.

CSR 56-20-27 Service of Documents; Independent Contractors. Service of notices, orders, and other documents upon independent contractors shall be completed upon delivery to the independent contractor at the work site and mailed to the independent contractor’s address of record. A copy of all notices, orders, and other required documents shall be posted on a conspicuous bulletin board at the work site.

CSR 56-20-28. Address of Record and Telephone Number; Independent Contractors. The address and telephone number required under this section shall be the independent contractor’s official address and telephone number for purposes of Chapter 22A of the West Virginia Code and these rules. Service of documents upon the independent contractors may be proved by a certified mail return receipt showing that the documents were delivered to the address of record, or showing that the independent contractor is no longer at that address and has established no forwarding address because delivery was not accepted at that address, or that no such address exists. Independent contractors may request service by delivery to another appropriate address of record provided by the independent contractor.

CSR 56-20-29. Enforcement of Citations and Orders. 29.1 These rules shall not be construed to limit the basic compliance responsibilities of production operators. Overall compliance responsibility of production operators shall include assuring compliance with the West Virginia Code provisions and rules which apply to the work being performed by independent contractors at the quarry.

29.2 It is the general enforcement policy of the West Virginia Office of Miners’ Health, Safety and Training that the independent contractor will be held responsible for violations committed by the independent contractor or its employees where the production operator has complied with Section 26 of these rules.

29.3 Enforcement action against production operators for violations which involve independent contractors may be taken by the West Virginia Miners’ Health, Safety and Training where the production operator has contributed to the existence of a violation, or the production operator’s miners are exposed to the hazard, or the production operator has control over the existence of the hazard.

29.4 A production operator may be properly cited for a violation of the rules involving an independent contractor where:

a. The production operator has contributed by either an act or an omission to the occurrence of a violation in the course of an independent contractor’s work; or

b. The production operator has contributed by either an act or omission to the continued existence of a violation committed by an independent contractor; or

c. The production operator’s miners are exposed to the hazard; or

d. The production operator has control over the condition that needs abatement.

29.5 In addition to the provisions of Section 29.4 of these rules, the production operator may also be required to assure continued compliance with the West Virginia Code and rules applicable to an independent contractor at the quarry until the contractor is fully able to assume compliance responsibility.

29.6 Whenever a mine operator finds a violation or imminent danger in an area where an independent contractor is operating, such inspector shall make a determination whether to issue the appropriate Notice of Violation or order to either the production operator or the independent contractor, or both, based upon the criteria set out in sections 29.2 and 29.3 of these rules.

29.7 In instances where the work performed will last five (5) days or less at quarry operations, an independent contractor’s identification number will not be required. No more than five (5) days’ work in a calendar year will be allowed without obtaining a contractor identification number issued by the West Virginia Office of Miners’ Health, Safety & Training.

29.8 Independent contractors working at quarries shall comply with Title 56, Series 8 of the West Virginia Administrative Rules.
### QUARRY CONTRACTOR GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
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<tbody>
<tr>
<td>WV Permit No.</td>
<td></td>
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<tr>
<td>MSHA ID No.</td>
<td></td>
</tr>
<tr>
<td>FEIN No.</td>
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<tr>
<td>Workers Comp. Policy No.</td>
<td></td>
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<tr>
<td>Effective Dates of Policy</td>
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<tr>
<td>Company Name</td>
<td></td>
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<tr>
<td>E-Mail Address</td>
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<tr>
<td>Mailing Address</td>
<td></td>
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<tr>
<td>City</td>
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<td>State</td>
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<tr>
<td>ZIP</td>
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<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Company Phone</td>
<td></td>
</tr>
<tr>
<td>No. of Employees</td>
<td></td>
</tr>
</tbody>
</table>

**Site preparation**

**Drainage**

**Contract Labor (Providing Employees as Miners)**

**Electrical**

**Explosives**

**Maintenance**

**Construction**

**Type of Construction**

**Reclamation**

**Trucking**

**Material transported**

**Other (Please be specific)**

### QUARRY ONLY

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 ____________________________  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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**ASSESSMENT CONTACT OFFICER AND ASSESSMENT MAILING ADDRESS**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>PO Box</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
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</tbody>
</table>

**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
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 __________________________________________________________________________________

Telephone No. ____________________________  E-mail Address: _________________________________________

**OWNERS / OFFICERS**

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Last four digits of SSN:</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>xxx-xx-</td>
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<td>9.</td>
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<tr>
<td>10.</td>
<td></td>
<td></td>
<td>xxx-xx-</td>
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</tr>
</tbody>
</table>

(If additional owners/officers are to be listed, use additional sheet(s))

**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) 265-3268

**REGION II**
WV MHS & T
830 VIRGINIA AVENUE
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
**Office of Miners’ Health, Safety & Training**

**Division of Labor Approval – Quarry Contractors**

---

**WV Office of Miners’ Health, Safety & Training**

7 Players Club Dr., Suite 2
Charleston, WV 25311-2126

(304) 558-1425
FAX (304) 558-6091

Contractor ID No. / WV Permit No. C-_________

---

**No. of Employees _________**

(report only actual employees on mining property)

---

**FEIN No. _____________________**

---

**MSHA ID No. ________________________**

---

**Telephone ______________________________**

---

**Contractor ID No. / WV Permit No. C-_________**

---

**FAX ______________________________**

---

**E-mail ______________________________**

---

**Company Name ___________________________________________________________________________________**

---

**DBA __________________**

---

**Address __________________________________________________________________________________________**

---

**Post Office**

---

**City**

---

**State**

---

**ZIP**

---

**TYPE OF SERVICES BEING PERFORMED ON QUARRY PROPERTY**

If performing: construction work, detail type of construction and type of equipment used; trucking - materials being hauled:

---

Will this work be provided by leased / contracted labor services? (Y/N) ______  Number of leased employees _______

---

If YES, name of contract labor service ________________________________________________________________

---

**SITE LOCATION**

---

**Company Officers:**

---

**Name**

---

**Title**

---

(Please use reverse of form and/or attach additional paperwork if necessary)

---

**WV Division of Labor Response**

In accordance with the WV Code Sections §21-5-14 and §22A-3-8, we have reviewed our files and find this company to be:

---

**WAGE BOND:**

( ) In Compliance  ( ) Operated 1+ years

( ) Sufficient Wage Bond

( ) No Employees (to be contracted)

( ) Not Applicable

( ) Not In Compliance

**BUSINESS ENTITY / BUSINESS ORGANIZATION STATUS**

---

**COMMENTS:**

---

---

Date  Signature – Wage Bonding Division

---

**CONTRACTORS LICENSE:**

( ) In Compliance  ( ) WV Contractors License # ____________________________

( ) Not Applicable  Classification ____________________________

( ) Not In Compliance

---

**COMMENTS:**

---

---

Date  Signature – Contractor Licensing Division
West Virginia Division of Labor
Wage Bond Status Affidavit

Enter Full Company Name (to include dba) as Registered with the WV State Tax Department

Current Business Mailing Address

<table>
<thead>
<tr>
<th>Email Address</th>
<th>9 Digit FEIN #</th>
<th>PHONE #</th>
</tr>
</thead>
</table>

Type of Business:  Construction ☐  Mining ☐  Transportation of Minerals ☐  Not Applicable * ☐ (attach a scope of work)

Exemptions Please ✓ only 1 box. (See back of form for exemptions that require additional verification)

- Work performed in West Virginia is limited to single family dwellings and/or family farming enterprises.
- Company does not have any employees working within the state of West Virginia.
- Company has been in business with employees in the state of West Virginia for a period of one year. *
- Company has been in business in another state for a period of five years. *
- Company has $100,000.00 or more in available assets and would like to claim that as an exemption. *
- Company is a subsidiary of a parent company that has been in business for more than five years. *

To claim this exemption, enter the name and address of the qualifying parent company below:

| Bond Required - Companies that do not qualify for one of the above exemptions must post a wage bond with the Division of Labor for a period of 1 year. To determine the amount of bond required enter the following Information. |
|---|---|
| 1. 4 weeks’ payroll in WV @ maximum capacity or production ☀ ☐ ☐ | $________________________ |
| 2. Enter 15% of the amount of line 1. ☐ ☐ ☐ | $________________________ |
| Total the amounts on Lines 1 & 2 to determine bond amount. ☐ ☐ ☐ | $________________________ |
| Enter the number of employees working in WV ☐ ☐ ☐ | $________________________ |

I, ____________________________, as ____________________________, (Print Name of Owner, Partner, LLC Member or Corp Officer) (Enter Title) of the above named business entity understand that it is my responsibility to increase my wage bond whenever my workforce increases and that a failure to maintain an adequate wage bond may result in administrative and/or criminal action.

(____________________________________________________) (Signature of Authorized Representative) (Enter Date)

Taken, subscribed, and sworn to before me this _____ day of __________________________, 20__.

(____________________________________________________) (Notary Public Signature)

My commission expires ____________________________

Form WBA1 Revised July 7, 2017 * Instructions & Privacy Statement on Back/Next Page
Wage Bond Status Reporting

A company that’s engaged in construction, mining, or the transportation of minerals within the state of West Virginia must register with the Division of Labor concerning its wage bond status. The completion of a “Wage Bond Status Affidavit” allows a company to register with the Division of Labor by claiming a wage bond exemption, or to declare the number of employees working in West Virginia and the amount of bond required.

Exemptions

Not all companies must post a wage bond. Any company that qualifies for one of the exemptions stated below may claim that exemption by submitting a completed “Status Affidavit”. Please note that some exemptions require additional evidence to verify that the company qualifies for the exemption, while others do not. The exemptions listed on the front of the affidavit that may require additional evidence are marked with an asterisk (*).

Exemptions that DO NOT require additional evidence or verification to qualify include:

- Companies that have been in business in West Virginia, with employees, for a period of at least one (1) year and have reported employee wages to an unemployment account registered with WorkForce West Virginia within that same year.
- Companies that do not have employees physically working in West Virginia.
- Companies that are engaged solely in the construction of single family dwellings and/or family farming enterprises.
- Companies that are a subsidiary of a parent company that is registered with the Division as exempt.
- Out-of-state companies that have maintained one or more of the following licenses or registrations for a period of at least five years.
  - A West Virginia Contractor License.
  - A Business Registration Certificate with the West Virginia State Tax Department.
  - A Corporate Registration with the West Virginia Secretary of State.

Exemptions that MAY require additional evidence or verification to qualify include:

- Companies that have been in business in another state for 5 years but do not hold any of the above stated registrations or licenses MUST attach evidence to verify business activity within another state.
- Companies that have been working in West Virginia, with employees, for a period of 1 year that do not have a WorkForce West Virginia unemployment account must submit additional evidence to verify employee activity in this state.
- Companies that choose to claim the exemption for $100,000.00 in available assets MUST submit evidence to support the exemption.

Industry Specific Determinations/Exemptions

Companies that wish to obtain an opinion from the Division of Labor that the nature of their work does not fall within the definitions of construction, mining, or the transportation of minerals as defined in §21-5-1 may apply for an exemption by completing a Status Affidavit and checking the box titled as: “Not Applicable ✓”. All such requests require a complete description or scope of work that’s being performed.

Bond Required

Companies that do not qualify for a wage bond exemption and have employees working in West Virginia must post a wage bond with the Division of Labor in the amount of 4 weeks’ payroll, plus an additional 15%, at maximum productivity. A completed Status Affidavit must accompany all new wage bonds submitted.

The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor’s use of your personal information or would like a copy of the Division’s complete privacy notice, please submit a written request to LaborAdministration@wv.gov.
EXEMPTION REQUEST
WEST VIRGINIA CONTRACTOR LICENSING ACT

Please complete this form and submit via mail, fax or email:

West Virginia Contractor Licensing Board
1900 Kanawha Boulevard East
State Capitol Complex - Building 3, Room 200
Charleston, WV 25305

Facsimile #: (304) 558-5174
Email Address: Licensing@wv.gov

Business Name: __________________________________________
Mailing Address: _________________________________________
City: __________________________ State: ______ Zip Code:________
Telephone Number: ________________ Fax Number: ______________
Email Address: __________________________________________
WV Business Registration Tax Number: ____________________________
(Please include a copy)

Have you been asked to either produce a West Virginia Contractor License or an Exemption to gain access to a work site?
Yes [ ] No [ ]

If so, the request was made by: ________________________________
Address: ________________________________________________

(PLEASE BE SPECIFIC AND ATTACH THE SCOPE OF WORK THAT WILL BE PERFORMED)
(An exemption will NOT be issued without a detailed scope of work)

Print or Type Name: _________________________________________
Signature: __________________________ Date: ________________