West Virginia Office of Miners’ Health Safety & Training

2019 GENERAL INFORMATION FORM

Select Type of Operation:

_____ UNDERGROUND COAL MINE  _____ SURFACE COAL MINE  _____ COAL HANDLING FACILITY  _____ QUARRY

All Applicants must complete the following sections

<table>
<thead>
<tr>
<th>WV Permit No.</th>
<th>MSHA ID No.</th>
<th>FEIN No.</th>
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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.  

________________________________________  _________________________  
Signature (must be an owner, partner, LLC member or corporate officer)  Title  Date  

REVISED 11/2018
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 _______________________________________________________________________________________

Telephone No. ____________________________ E-mail Address: _________________________________________

OWNERS / OFFICERS

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

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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)).

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) 285-3269

_REGION II_  
WV MHS T  
830 VIRGINIA AVE.  
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

REVISED 11/2018