

# West Virginia Office of Miners' Health Safety & Training

1615 Washington Street, East  
Charleston, WV 25311-2126

(304) 558-1425 Fax: (304) 558-1282 website: www.wvminesafety.org

## GENERAL INFORMATION FORM

**Region** \_\_\_\_\_

**Circle Type of Operation (select only one)**

**Please complete both sides**

**UNDERGROUND COAL MINE**

**SURFACE COAL MINE**

**COAL HANDLING FACILITY**

**QUARRY**

### All Applicants must complete the following section

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	Permit Holder Only (not mining) 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) Roofbolt - 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.TopRemoval 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)

Facility Type: Loadout Tipple Prep Plant Cleaning Plant River Dock Other		
Type of Haulage into facility:	Type of Haulage out of Facility:	
No. of Employees:	Operating Days:	Empl. 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.

### Applicant Signature (owner or officer)

Title \_\_\_\_\_ Date \_\_\_\_\_

**PERMIT APPLICATION  
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:**

Name \_\_\_\_\_ Last four digits of SSN: xxx-xx-\_\_\_\_\_

Address \_\_\_\_\_  
Address City State ZIP

Telephone No. \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**OWNERS / OFFICERS**

	First Name	MI	Last Name	Last four digits of SSN	Title
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., 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 CT. SUITE 2.  
DANVILLE, WV 25053  
(304) 369-7823

**REGION IV**  
WV MHS & T  
142 INDUSTRIAL PARK DR  
OAK HILL, WV 25901  
(304) 469-8100