



State of West Virginia
Earl Ray Tomblin, Governor

WV Office of Miners' Health, Safety & Training
C. A. Phillips, Acting Director
1615 Washington Street East • Charleston, West Virginia • 25311-2126
Telephone 304-558-1425 • Fax 304-558-6091
www.wvminesafety.org

MEMORANDUM

To: All Independent Contractors on WV Mine Sites
From: C. A. Phillips, Acting Director
Date: November 18, 2010
Subj: Independent Contractor Certificate of Approval Extensions

PLEASE PAY PARTICULAR ATTENTION TO THE ENCLOSED FORMS. THEY HAVE CHANGED, AND ALL FORMS MUST BE COMPLETED AND RETURNED FOR YOUR PERMIT RENEWAL FOR THE FOLLOWING YEAR. It is imperative that you complete **ALL** forms to update your information currently on file with our office.

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 monthly 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 Workers' Compensation, Unemployment Compensation, and the Division of Labor. **PLEASE NOTE: NO EXTENSION LETTERS WILL BE ISSUED UNTIL AFTER JANUARY 1, 2011.**

Application forms for the above referenced extensions have been provided with this memo. Also, for your convenience, the Office of Miners' Health, Safety and Training is accepting on-line applications for extensions. (See our web page – www.wvminesafety.org and follow the links for on-line services.) If you choose, you can also pay your extension fees on-line with a VISA or MASTERCARD. Application forms are also available for download. Also check our website to find the status on your permit before submitting your renewal application to determine if additional paperwork will be required.

Should you choose to renew by mail, **the enclosed application forms must be completed in their entirety and returned with a certified check, money order, or company check to the address listed below. If you owe delinquent assessments, payment MUST be made and include the case number for which payment is being made. Payments for assessments may also be submitted on-line.**

All (5) forms included in this application **MUST** be completed and returned with your payment for your extension renewal to be approved, processed, and issued.

APPLICANTS WHO FAIL TO COMPLETE AND RETURN ALL OF THE ENCLOSED FORMS AND/OR PAY THE EXTENSION FEE AND/OR ASSESSMENTS, WILL NOT BE ISSUED AN EXTENSION.

It is imperative that if your company officers have changed, please be sure to list the new individuals on the General Information Owners/Officers page and provide an approximate start date. If officers are removed, please give an approximate date of departure. **It is critical that this information is kept current.**

Please submit your completed application for extension and payment to the following address:

WV Office of Miners' Health, Safety and Training
1615 Washington Street, East
Charleston, WV 25311-2126.
ATTN: CONTRACTORS

All applications must be electronically filed or postmarked no later than January 31, 2011.

Should you have any questions concerning permit extensions, please contact our Charleston office at (304) 558-1425, or as follows:

Contractors:	Numerical, and A through J	(304) 957-2316
	K through Z	(304) 957-2313

Thank you for your cooperation.

Should you wish to close your permit, you need to submit your request in writing and be sure to include the company name, WV permit number, an effective date of the closure, and have it signed by a company official. Should you choose to work on mining property thereafter, you will need to repeat the entire permitting process.

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

1615 Washington Street, East

Charleston, WV 25311-2126

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

www.wvminesafety.org

Company _____

DBA _____

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:

() Independent Contractor DMM-60C

Payment: _____

Date: _____

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

Date

Printed name of Company Official

MHST Office Use ONLY:

_____ Extension Fee Paid
_____ Extension Form(s) Complete
_____ Assessments Paid / Appealed
_____ Monthly Production Reports Filed
_____ Comprehensive Mine Safety Program: Anniversary Date _____
_____ LOOKBLOCK
_____ Workers' Compensation Compliance _____
_____ Bureau of Employment Programs Compliance

STATE OF WEST VIRGINIA
Office of Miners' Health, Safety and Training
1615 Washington Street, East
Charleston, West Virginia 25311-2126
Website: www.wvminesafety.org

INDEPENDENT CONTRACTOR GENERAL INFORMATION

WV Permit No. MSHA ID No. FEIN No.
Workers Comp. Policy No. Effective Dates of Policy
Company Name
DBA:
E-Mail Address:
Mailing Address
City State ZIP
County Company Phone No. of Employees

Site preparation Drainage Contract Labor (Employees)
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 Phone

APPROVED COMP. MINE SAFETY PROGRAM (Y/N) Anniversary Date

Company Contact Person:
Title Phone

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 company official

CONTRACT LABOR INFORMATION

If your company has indicated on the Independent Contractor General Information sheet that it will be conducting Contract Labor Services, 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 _____

DBA: _____

WE DO NOT USE OR PROVIDE CONTRACT LABOR SERVICES _____

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)**

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)**

Company Official completing this form:

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

Date

Printed name of Co. Official

Telephone No.

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

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
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., STE. 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
 550 INDUSTRIAL PARK DR
 OAK HILL, WV 25901
 (304) 469-8100