



*State of West Virginia*  
Earl Ray Tomblin, Governor

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

**MEMORANDUM**

To: All Independent Contractors on WV Mine Sites  
From: C. A. Phillips, Director *C.A. Phillips*  
Date: December 7, 2011  
Subject: 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 2012.** It is required 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, 2012.**

The required application forms for the above referenced extensions are attached to this memo. For your convenience, the Office of Miners' Health, Safety and Training has the applications as fillable forms that can be completed and printed or you can download a copy. (Go to <http://www.wvminesafety.org/contrextension.htm> and follow the links). Your extension renewal fee and any assessments can be paid electronically at <http://www.wvminesafety.org/epay.htm>.

The attached application and general information forms must be completed in its entirety, including the signature of a company officer and returned with a check or money order in the amount of \$100. Incomplete forms and any delinquent assessments will cause a delay in your extension renewal. For information on any delinquent assessments you may contact Randall Kidd at 304-436-8421.

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

December 7, 2011

It is required that you list current company 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 the give an approximate date of departure. It is important that this information be 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 postmarked no later than January 31, 2012.**

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.

**If you wish to close your permit, you need to submit your request in writing and include the company name, WV permit number, an effective date of the closure, and have it signed by a company official. 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.**

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 (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 \_\_\_\_\_ 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 \_\_\_\_\_

# 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

REVISED 09-2010