

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 _____
E-Mail Address: _____
Mailing Address _____
City _____ State _____ ZIP _____
County _____ Company Phone _____ No. of Employees _____

Type(s) of Contract Services provided: (PLEASE CHECK ALL THAT APPLY)

Contract Labor _____ (PLEASE COMPLETE THE ATTACHED SHEET)
Site Preparation _____ Drainage _____
Construction _____ Maintenance _____
Electrical _____ Trucking _____
Explosives _____ Reclamation _____
Other (Please specify) _____

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 of Company Official

Date

(BOTH SIDES OF THIS FORM MUST BE COMPLETED IN THEIR ENTIRETY)

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

	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
142 INDUSTRIAL PARK DR
OAK HILL, WV 25901
(304) 469-8100

REVISED 10-2009