



State of West Virginia
Joe Manchin III, Governor

WV Office of Miners' Health, Safety & Training
Ronald L. Wooten, Director
1615 Washington Street East • Charleston, West Virginia • 25311-2126
Telephone 304-558-1425 • Fax 304-558-1282
www.wvminesafety.org

MEMORANDUM

To: All WV Underground and Surface Mine Permits
From: Ronald L. Wooten, Director
Date: December 15, 2008
Subj: Mine Permit Extensions

In accordance with WV Code 22A-2-63(e), annual extensions for all mining permits and certificates of approval are due within thirty (30) days after the first day of January of each year. Each mine operator, applying for an extension of a permit, shall be granted a permit as a matter of right for a fee of one hundred dollars (\$100.00). However, at the time such application is made, the permit holder must be in compliance with WV Code 22A-2-77, and must have also paid or otherwise appealed all coal mine assessments. Applications for extensions of these permits not submitted within the time required shall be processed as an application to open or reopen a mine and shall be accompanied by a fee of one hundred dollars (\$100.00).

In addition, compliance with Unemployment Compensation, Division of Labor, and an approved Comprehensive Mine Safety Program must be maintained. Proof of Workers' Compensation policy coverage must be provided.

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 providing on-line applications for extensions. (See our web page – www.wvminesafety.org and follow the links.) If you choose, you can also pay your extension fees on-line and any penalty assessments on-line. Application forms are also available for download.

Should you choose to renew by mail, **the enclosed application and General Information forms must be completed in their entirety and returned with a certified check, money order, or company check to your WVMHST Regional Office (office addresses shown below). Applicants who fail to complete the forms and/or pay the extension fee will not be issued an extension. NOTE: THIS IS A CHANGE IN PROCEDURE FROM PREVIOUS YEARS.**

Please submit your application for extension, General Information form and payment to your WVMHST Regional office, see the addresses below: **(All applications must be electronically filed or postmarked no later than January 31, 2009).**

Should you have any questions concerning this procedure, please contact your local WV Office of Miners' Health, Safety and Training office, or our Charleston office at (304) 558-1425. Thank you for your cooperation.

REMINDER: RETURN COMPLETED EXTENSION APPLICATION AND FEES TO YOUR WVMHST REGIONAL OFFICE.

Complete this form, and any additional forms that may be enclosed, and return with your extension fee to the following address:

- Region One ▪ 14 Commerce Dr., Suite 101 - Westover, West Virginia 26501 ▪ Telephone 304-285-3268 ▪ Fax 304-285-3275
- Region Two ▪ 891 Stewart St. - Welch, West Virginia 24801-2311 ▪ Telephone 304-436-8421 ▪ Fax 304-436-2100
- Region Three ▪ 137 Peach Court, Suite 2 - Danville, West Virginia 25053 ▪ Telephone 304-369-7823 ▪ Fax 304-369-7826
- Region Four ▪ 142 Industrial Dr. - Oak Hill, West Virginia 25901-9714 ▪ Telephone 304-469-8100 ▪ Fax 304-469-4059

Website: www.wvminesafety.org

**Application for
EXTENSION OF CERTIFICATE OF APPROVAL**

Pursuant to WV Code 22A-2-63(e), the applicant listed below requests the WV Office of Miners' Health, Safety and Training to extend the Certificate of Approval for the permit listed below for an additional year.

Company _____

Address _____

Is this a new mailing address? _____

Telephone No. _____ WV Permit Number _____

E-Mail address: _____ Is this a new e-mail address? _____

Type of CERTIFICATE OF APPROVAL to be extended:

- | | | |
|---|-----------------|--------------------------|
| <input type="checkbox"/> Underground Mine | DMM-60 | Payment:
_____ |
| <input type="checkbox"/> Surface Mine | DMM-60S | Date:
_____ |
| <input type="checkbox"/> Underground Production Contractor | DMM-60B | _____ |
| <input type="checkbox"/> Surface Production Contractor | DMM-60SB | |

Company Representative

Date

MHST Office Use ONLY:

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

West Virginia Office of Miners' Health Safety & Training

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Charleston, WV 25311-2126

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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