



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 304-558-1282
www.wvminesafety.org

MEMORANDUM

To: All WV Underground and Surface Mine Permits
From: C. A. Phillips, Director *C. A. Phillips*
Date: December 7, 2011
Subject: 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 penalty assessments.

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

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/minesextension.htm> and follow the links.). Your extension renewal fee and any coal mine penalty assessments can be paid electronically at <http://www.wvminesafety.org/epay.htm>

The enclosed application and general information form 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 per renewal to your WVMHST Regional Office (office addresses shown below). Incomplete applications will cause a delay in your extension renewal.

All applications must be postmarked no later than January 31, 2012.

Please direct any questions concerning the renewal process to your regional WV Office of Miners' Health, Safety and Training office. Thank you for your cooperation.

REMINDER: Return completed extension application forms and fee to your MHST regional office listed below.

• Region One • 14 Commerce Dr., Suite 1 - 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 • 550 Industrial Dr. - Oak Hill, West Virginia 25901-9714 • Telephone 304-469-8100 • Fax 304-469-4059

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 1 - Westover, West Virginia 26601 ▪ 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 26063 ▪ Telephone 304-369-7823 ▪ Fax 304-369-7826
- Region Four ▪ 550 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 |
| <input type="checkbox"/> Surface Mine | DMM-60S |
| <input type="checkbox"/> Underground Production Contractor | DMM-60B |
| <input type="checkbox"/> Surface Production Contractor | DMM-60SB |

Payment:

Date:

No permit fee required for Coal Handling Facility

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

Date

Printed name of Company Official Signature

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
- _____ LOOKBLOCK
- _____ Workers' Compensation Compliance
- _____ Bureau of Employment Programs Compliance

Anniversary Date _____

West Virginia Office of Miners' Health Safety & Training
Website: www.wvminesafety.org

GENERAL INFORMATION FORM

Region _____

Circle Type of Operation (select only one)

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	
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) Roof bolt - 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. Top Removal	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) – No \$100 Permit Fee Required for Coal Handling

Facility Type:	Load out	Tipple	Prep Plant	Cleaning Plant	River Dock	Other
Type of Haulage into facility:	Type of Haulage out of Facility:					
No. of Employees:	Operating Days:	Employee 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
GI Form - Rev 12/2011

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

MINE EMPLOYEE LABOR INFORMATION

If your company will be conducting Mine Employee Labor Services, please complete the below listed information for our records, whether you use employee labor services, or whether you provide employee labor services.

Company Name _____ WV Permit _____

DBA: _____

WE DO NOT USE OR PROVIDE EMPLOYEE LABOR SERVICES _____

Employee Labor Services:

Please list below the type of services you or your employees will be conducting:
(BE SPECIFIC)

If you **PROVIDE** mine employee 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** mine employee 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.