

State of West Virginia
Office of Miners' Health, Safety & Training
Division of Labor Approval - Independent Contractors

WV Office of Miners' Health, Safety & Training

No. of Employees _____

1615 Washington Street, East

(report only those on mining property)

Charleston, WV 25311-2126

FEIN No. _____

(304) 558-1425

MSHA ID No. _____

FAX (304) 558-6091

Telephone _____

Contractor ID No. / WV Permit No. C- _____

FAX _____

E-mail _____

Company Name _____

Address _____

Post Office

City

State

ZIP

TYPE OF WORK BEING PERFORMED _____

Will this work be provided by leased / contracted labor services? (Y/N) _____ Number of leased employees _____

If YES, name of contract labor service _____

JOB SITE LOCATION _____

Table with 3 columns: Company Officers, Name, Title. Includes three rows for data entry.

(Please attach additional paperwork if necessary)

WV Division of Labor Response

In accordance with the WV Code Sections §21-5-14 and §22A-3-8, we have reviewed our files and find this company to be:

- WAGE BOND: () In Compliance () Operated 5+ years () Sufficient Wage Bond () No Employees (to be contracted) () Not Applicable () Not In Compliance

COMMENTS: _____

Date _____ Signature - Wage Bonding Division

CONTRACTORS LICENSE:

- () In Compliance () WV Contractors License # _____ () Not Applicable () Not In Compliance

COMMENTS: _____

Date _____ Signature - Contractor Licensing Division

AFFIDAVIT

(Company Name, Address, & Contact Info)



BOND IS REQUIRED BEFORE
WORK CAN BEGIN.

Phone# _____ Fax# _____ Email _____

Date Business Began in West Virginia: _____ WV TAX ID # _____

Federal Employers' Identification Number: _____ **OR**

Social Security Number (If sole proprietorship with no employees): _____

Address and Directions to job/mine site: _____

IF THIS COMPANY IS A SUBCONTRACTOR, LIST THE NAME, ADDRESS AND PHONE NUMBER OF THE PRIME CONTRACTOR AND PRESIDENT OR OWNER OF THAT COMPANY:

President/Owner: _____
Telephone #: _____

(Prime Contractor Information)

One of the following two sections must be fully completed by the individual or company submitting the affidavit.

BOND EXEMPTIONS

(Check if Applicable)

____ Residential Only (single family dwellings only)

____ No employees (current or in the future)

____ Permit Holder Only (Mining Operations)

If no boxes were checked above, complete the box to the right. Otherwise, continue to Type of Business

Has your company been ACTIVELY engaged in business in West Virginia with employees for the past five (5) consecutive years?

____ YES: **(Continue to Type of Business)**

____ NO: State gross amount of payroll for four (4) weeks plus 15% at FULL CAPACITY or PRODUCTION: \$ _____ covering a total of _____ employees working in West Virginia.
(Continue to Type of Business)

If operations have not begun:

Indicate anticipated start date: _____

Expected gross amount of payroll for four (4) weeks plus 15% at FULL CAPACITY or PRODUCTION: \$ _____

covering a total of _____ employees working in WV.

(Continue to Type of Business)

TYPE OF BUSINESS: Construction _____; Mining _____; Transportation _____; Other _____

Print or type name and title: _____

(Authorized Signature of Officer or Owner)

(Date)

Taken, subscribed and sworn to before me this _____ day of _____, _____.

My Commission expires _____

(Notary Public)

Contract and/or subcontract agreements are listed on back or attached. Furnish date of agreement, name and address of contractor/subcontractor and the location of job/mine site.

WEST VIRGINIA DIVISION OF LABOR
CAPITOL COMPLEX, BUILDING 6, ROOM B-749
CHARLESTON, WV 25305

**EXEMPTION REQUEST
WEST VIRGINIA CONTRACTOR LICENSING ACT**

Please fill in this form and mail or fax to:

**West Virginia Contractor Licensing Board
State Capitol Complex
Building 6, Room 749B
Charleston, West Virginia 25305
PHONE: (304) 558-7890 FAX: (304) 558-5174**

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

WV Business Registration Tax Number: _____

Federal Taxpayers Identification Number: _____

Have you been asked to either produce a West Virginia Contractor License or an Exemption to gain access to a work site? _____ YES _____ NO

If so, the request was made by: _____

Address: _____

(PLEASE BE SPECIFIC AND ATTACH THE SCOPE OF WORK THAT WILL BE PERFORMED)
(An exemption will NOT be issued without a detailed scope of work)

Print or type name: _____

Signature: _____ Date: _____
