

INDEPENDENT CONTRACTORS

Certificate of Approval Permitting Procedures

**PLEASE READ INSTRUCTIONS CAREFULLY AS REQUIREMENTS
HAVE CHANGED AS OF SEPTEMBER 1, 2010:**

**ALL INFORMATION MUST BE SUBMITTED AND APPROVED PRIOR TO ANY WORK COMMENCING
ON MINE PROPERTY.**

Submit the entire application package as listed below for the DMM-60C Certificate of Approval, completed in its entirety, to the Charleston Office, to include the following:

➤ **Miners' Health, Safety & Training**

**NOTE: ALL FORMS MUST HAVE ORIGINAL COMPANY OFFICIAL'S
SIGNATURE** **Signatures must be an owner, partner, LLC member or corporate officer.**

- DMM-60C Certificate of Approval permit application
- Independent Contractor General Information sheet (All pages MUST be completed, and include the last four digits of owner/officers Social Security number(s), as well as their title). Permits will not be released without the owner information.
- Initial Submittal forms for the Comprehensive Mine Safety Program AND a written Comprehensive Mine Safety Program, inclusive of the task specific sheet, must be submitted to the Safety Instructor (according to the company's mailing address), in the closest MHS&T Regional office. If your personnel are required to hold a specific certification from MHST, please include a copy of the drivers license AND any MHST certification card(s) with your permit application and CMSP.
- Annual one hundred dollar (\$100.00) non-refundable permit fee.

If the nature of your work changes from what was submitted on the original Certificate of Approval, you must submit these modifications to the permit in writing to the Charleston office. If not, the modifications will not be recognized by MHST. A new general information sheet, other additional forms, additions to the CMSP, miner certifications or training may also be required.

If you decide to close your company, you must notify our Charleston office in writing, stating the company name, WV permit number, and an effective date of the closure. This must be signed by a company official, and may be faxed to (304) 558-6091. Before your permit can be closed, any outstanding or delinquent assessments must be paid in full. Please contact the Assessment Officer at (304) 436-8421 to determine what fines, if any, are outstanding.

If your company changes names, or the Federal Employers Identification Number (FEIN No.) changes from what we currently have on file for your permit, it is considered a NEW PERMIT, and the company MUST go through the permitting process again, and file a new permit application.

➤ WV Division of Labor

NOTE: LABOR FORMS MUST HAVE ORIGINAL COMPANY OFFICIAL'S SIGNATURE Signatures must be an owner, partner, LLC member or corporate officer.

- DMM-1CC Division of Labor - tracking sheet
- Affidavit (Must be signed and notarized) If the applicant company has been in business for less than five years, and has one or more employees, they may need to contact the Division of Labor about posting a Wage Bond. Companies operated by the owner / operator are exempted from this requirement, but must still complete ALL paperwork.
- Division of Labor Exemption Request from the Contractors Licensing Act application. **Applicant company must have one of the following: (1) Exemption letter from the Division of Labor Contractors Licensing; (2) MHS&T tracking sheet indicating non-applicability; or (3) Certificate of Contractors License from the Division of Labor prior to release of MHS&T Certificate of Approval.** To inquire whether a license is required, the contractor may contact the Division of Labor at (304) 558-7890 and ask for the Contractors Licensing section. Applicants will need to be very specific in describing the nature of the work to be performed and equipment used.

➤ WV Insurance Commission (Workers' Compensation)

- Current Workers' Compensation Certificate of Coverage. **Effective July 1, 2008, the Workers' Compensation requirement has been expanded to allot for carriers that have made filings with the Rates and Forms Division of the Insurance Commissioner's offices to verify coverage of applicant companies. Out-of-state insurance carriers must either register with the Insurance Commissioner's office, or MUST show the West Virginia endorsement underwritten on their current policy. If the intended contractor is conducting business in West Virginia for more than 30 days within a 365-day period, they MUST carry workers compensation coverage IN West Virginia.** For additional information, contact the WV Insurance Commissioner's office at (304) 558-6279.

It is recommended that all paperwork submitted by the Independent Contractor should be copied and maintained for your own records. Exemptions issued through one State agency does not exempt the requirements of other State agencies with which you must be in compliance for the issuance of this permit.

Please contact the Charleston MHS&T office before traveling to Charleston to attempt to obtain your Certificate of Approval in the same day. Our staff will inform you of the necessary paperwork you will be required to have with you to complete this endeavor, or inform you of the process you will need to complete while in Charleston.

The Independent Contractor Certificate of Approval is valid for the calendar year, and the Comprehensive Mine Safety Program is valid for one year from the Anniversary Date. All renewal forms are mailed approximately 30 days in advance to allow for the renewal and no lapse of permit coverage.

**WV OFFICE OF MINERS' HEALTH, SAFETY & TRAINING PERMITS
ARE NON-TRANSFERABLE**

PLEASE NOTE: Your permit application is NOT complete until you have two (2) documents returned to you from MHS&T. One will be the signed copy of the DMM-60C Certificate of Approval; the other, your approved Comprehensive Mine Safety Program letter that provides the one-year Anniversary Date of your program. Contractors ARE NOT to be working on mining property until they have both documents. (SEE ATTACHED SAMPLES.)

- SAMPLE -

Region 3
COID 10756

State of West Virginia
Office of Miners' Health, Safety and Training
1615 Washington Street, East
Charleston, West Virginia 25311-2126
www.wvminesafety.org

**CERTIFICATE OF APPROVAL
for Independent Contractors on Mine Site**

Company Name 1-2-3 Contracting, Inc.
DBA _____
WV Permit Number C-9021 MSHA ID Number _____
Mailing Address HC 6, Box 47C
Ashland KY 41526
City State ZIP
Telephone Number (606) 555-1212 E-mail (Official use only) 123Contr@comcast.net

Having complied with statutory requirements set forth in WV Code §22A-2-63, the above named contractor has the right to provide the following services at mine sites in the State of West Virginia:

| | | | | | |
|----------------------------|-------------------------------------|----------------------|-------------------------------------|----------------------------|-------------------------------------|
| Site preparation | _____ | Drainage | <input checked="" type="checkbox"/> | Contract Labor (Employees) | _____ |
| Electrical | _____ | Explosives | _____ | Maintenance | <input checked="" type="checkbox"/> |
| Construction | <input checked="" type="checkbox"/> | Type of Construction | <u>Bath House, prep plant</u> | | |
| Reclamation | <input checked="" type="checkbox"/> | Trucking | <input checked="" type="checkbox"/> | Material transported | <u>coal</u> |
| Other (Please be specific) | _____ | | | | |

Changes in job description(s) not submitted in writing to the Charleston office will not be recognized by MHST. Your permit may be suspended or revoked if you are performing work duties not approved by MHST. NOTE: A copy of this certificate of approval must be available at all mine sites where the above named contractor is providing services.

Jerry A. Public
Signature (must be an owner, partner, LLC member or corporate officer)

Jerry A. Public
Printed Name

Ronald [Signature]
DIRECTOR OR AUTHORIZED REPRESENTATIVE
Office of Miners' Health, Safety and Training

January 1, 2007
Date of Approval

**NOTE: \$100.00 NON-REFUNDABLE, NON-TRANSFERABLE PERMIT FEE
PERMITS ARE VALID ONLY FOR CALENDAR YEAR (JAN. THROUGH DEC.) AND MUST BE RENEWED EACH YEAR.**

FOR OFFICE USE ONLY

Comprehensive Mine Safety Program – Anniversary Date 1-1-2008

LOOKBLOCK 12-30-2006

Division of Labor 12-30-2006

Workers Compensation - WC 01234567-09 -

Bureau of Employment Programs 12-30-2006

- SAMPLE -

- SAMPLE -

WEST VIRGINIA OFFICE OF MINERS'
HEALTH, SAFETY and TRAINING
1615 Washington St. East,
Charleston, WV 25311-2126

COMPREHENSIVE MINE SAFETY PROGRAM
APPROVAL NOTICE
FOR
INDEPENDENT CONTRACTORS

=====

July 7, 2008

1-2-3 Contracting, Inc.
HC 6, Box 47C
Ashland, KY 41526
C00009021

Dear Mr. Public:

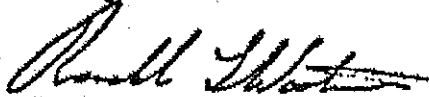
According to West Virginia Administrative Rules and Regulations Title 56, Series 8.8.1, the review of your Comprehensive Mine Safety Program has been APPROVED dated: 07/07/2008. The anniversary date for this program is: 07/07/2009.

Should you need assistance or have questions concerning your program or approval, please contact:

Safety Instructors, Safety Instructor
REGION III, DANVILLE
WV Office of Miners' Health, Safety & Training
137 Peach Court, Suite 2
Danville, WV 25053
(304) 369-7823

RETAIN THIS NOTICE. This notice must be posted at the job site or be carried in your vehicle(s) where applicable.

Sincerely,



Ronald L. Wooten, Director
WV Office of Miners' Health
Safety and Training

WEST VIRGINIA MHST
CONTRACTOR CHECK STICKER
YR: _____ Q1 _____ Q2 _____ Q3 _____ Q4 _____
TRK# _____ VIN _____

- SAMPLE -

Permitting Contacts

| | | |
|--|--|--|
| WV Secretary of State (To register to do business in West Virginia) | www.wvsos.com | (304) 558-6000 |
| WV Department of Tax & Revenue (To obtain Business Registration) | www.state.wv.us/taxdiv | (304) 558-3333 |
| WV Insurance Commission (Workers' Compensation) | www.wvinsurance.gov | (304) 558-6279 |
| WV Bureau of Employment Programs | www.wvbep.org/bep/uc | (304) 558-1281 |
| MHS& T Charleston Office (Certificate of Approval) | | |
| Contractors: | Numbered, and A through J K through Z | (304) 957-2316 (304) 957-2313 |
| WV Division of Labor (Wage Bonding) (Contractors License) | www.wvlabor.org | (304) 558-7890 Ext. 144 Ext. 161 |
| WV Public Service Commission (CRT Overweight Truck Stickers) | www.psc.state.wv.us | (304) 340-0300 |

State of West Virginia
Office of Miners' Health, Safety and Training
1615 Washington Street, East
Charleston, West Virginia 25311-2126
www.wvminesafety.org

**CERTIFICATE OF APPROVAL
for Independent Contractors on Mine Site**

Company Name _____

DBA _____

WV Permit Number _____

MSHA ID Number _____

Mailing Address _____

City

State

ZIP

Telephone Number () _____ E-mail (Official use only) _____

Having complied with statutory requirements set forth in WV Code §22A-2-63, the above named contractor has the right to provide the following services at mine sites in the State of West Virginia:

| | | |
|----------------------------------|----------------------------|----------------------------------|
| Site preparation _____ | Drainage _____ | Contract Labor (Employees) _____ |
| Electrical _____ | Explosives _____ | Maintenance _____ |
| Construction _____ | Type of Construction _____ | |
| Reclamation _____ | Trucking _____ | Material transported _____ |
| Other (Please be specific) _____ | | |

Changes in job description(s) not submitted in writing to the Charleston office will not be recognized by MHST. Your permit may be suspended or revoked if you are performing work duties not approved by MHST. NOTE: A copy of this certificate of approval must be available at all mine sites where the above named contractor is providing services.

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

Printed Name

DIRECTOR OR AUTHORIZED REPRESENTATIVE
Office of Miners' Health, Safety and Training

Date of Approval

NOTE: \$100.00 NON-REFUNDABLE, NON-TRANSFERABLE PERMIT FEE

PERMITS ARE VALID ONLY FOR CALENDAR YEAR (JAN. THROUGH DEC.) AND MUST BE RENEWED EACH YEAR.

FOR OFFICE USE ONLY

_____ Comprehensive Mine Safety Program – Anniversary Date _____

_____ LOOKBLOCK _____

_____ Division of Labor _____

_____ Workers Compensation _____

_____ Bureau of Employment Programs _____

§22A-3-35. Applicability and enforcement of laws safeguarding life and property; regulations authority of Office of Miner's Health, Safety and Training regarding enforcing safety laws. All provisions of the mining laws of this state intended to safeguard life and property shall extend to all surface mining operations insofar as such laws are applicable thereto. The Director shall promulgate reasonable regulations in accordance with the provisions of chapter twenty-nine a of this code to protect the safety of those employed in and around surface mines. The enforcement of all laws and regulations relating to the safety of those employed in and around surface mines is hereby vested in the Office of Miner's Health, Safety and Training and shall be enforced according to the provisions of chapter twenty-two-a of this code.

§22A-2-63. No mine to be opened or reopened without prior approval of the director of the office of miners' health, safety and training; certificate of approval; approval fees; extension of certification of approval; certificates of approval not transferable; section to be printed on certificates.

(a) After the first day of July, one thousand nine hundred seventy-one, no mine shall be opened or reopened unless prior approval has been obtained from the director of the Office of Miners' Health, Safety and Training, which approval shall not be unreasonably withheld. The operator shall pay for such approval a fee of one hundred dollars, which payment shall be tendered with the application for such approval: Provided, that mines producing coal solely for the operator's use shall be issued a permit without charge if coal production will be less than fifty tons a year. Within thirty days after the first day of January of each year, the holder of such permit to open a mine shall apply for the extension of such permit for an additional year. Such permit, evidenced by a document issued by the director, shall be granted as a matter of right for a fee of one hundred dollars if, at the time such application is made, the permit holder is in compliance with the provisions section seventy-seven of this article and has paid or otherwise appealed all coal mine assessments issued to the mine if operated by the permit holder and imposed under article one-a, chapter twenty-two-a of this code. Applications for extension of such 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.

(b) Permits issued pursuant to this section shall not be transferable.

(c) If the operator of a mine is not the permit holder as defined in subsection (a) above, then such operator must apply for and obtain a certificate of approval to operate the mine on which the permit is held prior to commencing operations. An operator who is not the permit holder operating such mine on the effective date of this section must apply for a certificate of approval on or before the first day of July, one thousand nine hundred ninety-three. The operator shall pay a fee of one hundred dollars, which payment shall be tendered with the application for approval. Such approval, evidenced by a certificate issued by the director, shall be granted if, at the time such application is made, the applicant is in compliance with the provisions of section seventy-seven of this article and has paid or otherwise appealed all coal mine assessments imposed on such applicant for the certificate of approval under article one-a, chapter twenty-two-a of this code.

(d) In addition to the authority to file a petition for enforcement under subdivision (4), subsection (a), section nineteen, article one-a, chapter twenty-two-a of this code, if an operator holding a certificate of approval issued pursuant to subsection (c) of this section, against whom a civil penalty is assessed in accordance with section nineteen, article one-a, chapter twenty-two-a of this code, and implementing regulations, and which had become final, fails to pay the penalty within the time prescribed in such order, the director or the authorized representative of the director, by certified mail, return receipt requested, shall send a notice of such operator advising the operator of the unpaid penalty. If the penalty is not paid in full within sixty days from the issuance of the notice of delinquency by the director, then the director may revoke such operator's certificate of approval; Provided, that such operator to whom the delinquency notice is issued shall have thirty days from the receipt thereof to request, by certified mail, return receipt requested, a public hearing held in accordance with the procedures of section fifteen, article one-a, chapter twenty-two-a of this code, and implementing regulations, including application for temporary relief. Once such operator's certificate of approval is revoked pursuant to this subsection, such operator shall be prohibited from obtaining any certificate of approval under the provisions of this section to operate any other mine until such time as that operator pays the delinquent penalties that have become final.

(e) Every firm, corporation, partnership or individual that contracts to perform services or construction at a coal mine shall be deemed to be an operator and beginning the first day of January, one thousand nine hundred ninety-five, must apply for and obtain a certificate of approval prior to commencing operations: Provided, that such persons shall only be required to obtain one certificate annually: Provided, however, that persons such as, but not limited to, consultants, mine vendors, office equipment suppliers, and maintenance and delivery personnel are excluded from this requirement. Any such operator shall pay a fee of one hundred dollars, which shall be tendered with the application for approval. Such approval, evidenced by a certificate issued by the director, shall be granted if, at the time such application is made, applicant has paid or otherwise appealed all coal mine assessments imposed on such applicant under article one-a, chapter twenty-two-a, of this code. Within thirty days after the first day of January of each year, the holder of such certification of approval shall apply for the extension of such approval for an additional year. Applications for extension must be accompanied by a fee of one hundred dollars. An extension shall be granted if, at the time such application is made, the applicant has paid or otherwise appealed all coal mine assessments imposed on such applicant under article one-a, chapter twenty two-a of this code. All delinquent assessments which have been imposed upon a certificate of approval holder or applicants under this section shall not be imposed upon any permit holder or certificate of approval holder or any applicant pursuant to subsection (a) or (c) of section sixty-three.

(f) The provisions of this section shall be printed on the reverse side of every permit issued under subsection (a) and certificate of approval issued under subsection (b) herein.

(g) The district mine inspector shall be contacted for a pre-inspection of the area proposed for underground mining prior to the issuance of any new opening approval.

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 (Employees) _____ |
| 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

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

CONTRACT LABOR INFORMATION

Your company has indicated on the Independent Contractor General Information sheet that it will be conducting Contract Labor Services. Please complete the below listed information for our records, whether you **use** contract labor services, or whether you **provide** contract labor services.

Company Name _____ WV Permit _____

DBA _____

Mailing Address _____
Street or PO Box Number _____ City _____ State _____ ZIP _____

Telephone Number _____ FAX: _____

Contact person / title _____

Contact person e-mail _____

WE DO NOT USE OR PROVIDE CONTRACT LABOR SERVICES _____

Contract Labor Services:

Please list below the type of contract services you or your employees will be conducting when on WV mining property:
(BE SPECIFIC)

If you **PROVIDE** contract 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** contract 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. Signature

Phone Number

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

WV Office of Miners' Health, Safety & Training
1615 Washington Street, East
Charleston, WV 25311-2126
(304) 558-1425
FAX (304) 558-6091
Contractor ID No. / WV Permit No. C- _____

No. of Employees _____
(report only actual employees on mining property)

FEIN No. _____
MSHA ID No. _____
Telephone _____
FAX _____
E-mail _____

Company Name _____
DBA _____
Address _____
Post Office _____ City _____ State _____ ZIP _____

TYPE OF SERVICES BEING PERFORMED _____
If performing: construction work, detail type of construction and type of equipment used; trucking - materials being hauled: _____

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
Company Officers: Table with columns Name and Title, containing three rows of blank lines.

(Please use reverse of form and/or 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 () Business Entity / Business Organization Status _____

COMMENTS: _____

_____ Date Signature - Wage Bonding Division

CONTRACTORS LICENSE:

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

COMMENTS: _____

_____ Date Signature - Contractor Licensing Division

Wage Bond Status Affidavit

West Virginia Division of Labor
Capitol Complex, Building 6, Room 749B
Charleston, WV 25305

Phone (304) 558 7890
Fax (304) 558 3797
<http://www.wvlabor.org>



| | | | |
|------------------|-------|------------|---------------|
| _____ | | _____ | |
| (Company Name) | | (dba Name) | |
| _____ | | _____ | |
| (Street Address) | | (City) | (State) (Zip) |
| Project Location | _____ | | |
| FEIN OR WV TAX # | _____ | PHONE # | _____ |

Type of business: Construction Mining Transportation of Minerals

| | |
|---|--|
| One of the following two sections must be fully completed by the individual or company submitting the affidavit. | |
| <p>BOND EXEMPTIONS (Check if Applicable)</p> <p><input type="checkbox"/> Work is limited to single family dwellings and/or family farming enterprises</p> <p><input type="checkbox"/> No current employees</p> <p><input type="checkbox"/> Subcontracts all work</p> <p><input type="checkbox"/> Permit Holder Only</p> <p><input type="checkbox"/> Owner Operator / Sole Prop.</p> <p>If no boxes were checked above, you must complete the box to the right.</p> <p style="text-align: center;">—————▶</p> | <p>Has your company been ACTIVELY engaged in business in West Virginia with employees for the past five (5) consecutive years?</p> <p><input type="checkbox"/> YES: If you have not maintained an unemployment account with Workforce WV for the last five consecutive years, verification may be required.</p> <p><input type="checkbox"/> 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.</p> <p>If operations have not yet 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.</p> |

I, _____ as _____
(print name of owner, partner, member or corp. officer) *(enter title)*

of the above named entity understand that it is my responsibility to increase my wage bond whenever my workforce increases and that failure to maintain an adequate wage bond may result in administrative and/or criminal action.

(signature of owner, partner, member or corp. officer) *(date)*

Taken, subscribed, and sworn to before me this _____ day of _____, 20_____.

(Notary Public Signature) My commission expires _____

