



LICENSE RENEWAL/TRANSFER APPLICATION

Application Tracking # _____

RENEWAL []
TRANSFER []

FOR OFFICE USE ONLY

PERMIT # _____
RECEIPT # _____
DATE ISSUED _____

Permit No. (Renewals only) _____

- 1. Name of Applicant
2. Mailing Address
3. Office Telephone No.
4. Attach to this License Renewal/Transfer Application the following information on any contractors who will be working on the mine site in the next 12 months...

PLEASE COMPLETE ANY INFORMATION THAT HAS CHANGED SINCE YOUR ORIGINAL LICENSE APPLICATION OR SINCE YOUR LAST RENEWAL. IF THE FORM IS BEING USED TO TRANSFER THE PERMIT, THEN ALL APPROPRIATE INFORMATION MUST BE PROVIDED.

(be sure to complete the certification statement on page 3, sign and date the form)

5. Type of Organization:

- () Sole Proprietorship - Complete questions A,B,C,D,E,F,G,I
() Corporation - Complete questions A,B,C,D,E,F,G,J,K,L,M,N
() Partnership - Complete questions A,B,C,D,E,F,G,H,I
() Other/LLC - Complete questions A,B,C,D,E,F,G,H,J

Specify: _____

(A) Mine name, address and telephone number _____

(B) MSHA ID number of the mine (if applicable) _____

(C) Person with overall responsibility for operating decisions at the mine
Name/Title _____ Telephone # _____
Address _____

(D) Person to be contacted in the event of an accident or emergency
Name _____ Telephone # _____
Address _____

(E) Person with overall responsibility for health and safety at the mine
Name _____ Telephone # _____
Address _____

(F) Person responsible for business operation of the mine
Name _____ Telephone # _____
Address _____

(G) Applicant's Federal Tax ID Number _____

(H) List all individuals having any ownership interest in the organization

Name/Title _____ Telephone # _____

Address _____

(I) Trade name, address and telephone number for sole proprietors/partnerships

(J) Principal organization officials, corporate officers, directors and members

Name/Title _____ Telephone # _____

Address _____

(K) Corporation name, address and telephone number if different than applicant

(L) State of Incorporation _____

(M) Registered Agent _____ Telephone # _____

Address _____

(N) If a subsidiary, provide:

Parent Organization Name _____

Address _____

Telephone No. _____ State of Incorporation _____

6. Name, address and telephone number of person(s) authorized to sign Permit/License Documents.

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Have any of the above listed (1) persons, or (2) companies owned, in whole or in part, by said persons, the applicant, members of the organization, or any person having 20% or greater ownership interest had a mining permit issued by Virginia or any other state revoked?

() Yes () No

If yes, give a brief statement of action. _____

8. Have any of the persons listed above been convicted of violating any of the following sections: 45.2-1127, 45.2-505, 45.2-856, and 45.2-849 as related to smoking in underground coal mines or tampering with methane detection equipment in underground coal mines?

() Yes () No

If yes, give a brief statement of action. _____

9. COMPLETE EITHER (A) OR (B)

(A) List all MSHA Federal Identification Numbers issued to the applicant, members of the organization, or any person having 20% or greater ownership interest in the organization.

Identification No.	Status
_____	_____
_____	_____
_____	_____

(B) List all names under which the applicant and either members of the applicant or any person having 20% or greater interest in the applicant operates a mine which has been issued a MSHA Federal Identification Number.

ONLY TRANSFER APPLICANTS NEED TO COMPLETE #10, #11 AND #12

10. List any mining permits of any type held by the applicant in Virginia and the applicable permit identification numbers.

Issuing Authority	Permit No./Identification No.
_____	_____
_____	_____
_____	_____

11. List any person with an ownership or leasehold interest in the surface land or minerals to be mined.

Name	Address
Surface _____	_____
Surface _____	_____
Mineral _____	_____
Mineral _____	_____

12. Specify source of applicant's legal right to enter and conduct mining operations on land covered by the permit: _____

Provide deed book number, page number, parties to the deed or lease, date of execution or provide copy of deed or lease.

I, _____, hereby certify that to the best of my knowledge, the
(Print Name)
information provided in this License Renewal/Transfer Application is accurate and complete.

Operating Official Signature Date