



DIVISION OF MINERAL MINING
900 NATURAL RESOURCES DRIVE, STE 400
CHARLOTTESVILLE, VA 22903

COMPANY INFORMATION

1. Name of Applicant _____
2. Office Telephone Number _____
3. Mailing Address _____
4. Email Address _____

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) Federal Tax ID Number of Applicant _____
- B) List all individuals having any ownership interest in the organization:
Name Address

- C) Trade name, address, and telephone number for sole proprietors/partnerships
Name Address

- D) Principal organization officials, corporate officers, directors, and members
Name/Title Address

- E) Corporation name, address, and telephone number if different than applicant:

- F) Registered Agent:

- G) If a subsidiary, provide:
Parent Organization Name Address

6. Name, address, and telephone number of person(s) authorized to sign permit/license documents:

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

7. (A) 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 in the organization had a mining permit issued by Virginia or any other state revoked? Yes No

(B) 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: 45.2-127, 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 name of person convicted _____