



DIVISION OF MINE SAFETY MINE LICENSE APPLICATION

ATTACH CURRENT YEAR LICENSE LABEL

FOR DEPARTMENT USE ONLY

Branch: _____
 License No.: _____
 Date Issued: _____
 License Fee: _____
 Tonnage: _____
 No. of Sections: _____
 File No.: _____

Map Attached:

Annual Report Attached: Yes No

Surface ATC ASTC ASWC
 SRC STC GSTC
 GSWC

Underground URC UWC UVWC
 UTC UVTC UVRC

METHOD OF UNDERGROUND MINING

1. Solid Blasting 2. Conventional
 3. Continuous 4. Longwall
 5. Shortwall
 New Mine Relicense
 Change of Company and/or Operator

1. Licensee _____ Mine Name or No. _____
 2. Address _____ Company Phone No. _____
 _____ Mine Phone No. _____
 Company email address: _____

3. County _____ County Code _____ Company Tax ID Number _____
 4. County Road _____ Stream/Branch/Mountain _____
 Quad: _____ Date Mine Opened _____ Nearest Town & Mileage _____

5. Seam Name _____ Coal Height _____ Total Height _____
 Seam Name _____ Coal Height _____ Total Height _____
 Seam Name _____ Coal Height _____ Total Height _____

6. Executive Officer _____ SSN _____

7. If the licensee is not an individual, list all officers and directors of the licensee and all persons that own interests of 10% or more in the licensee: (attach additional pages if necessary)

Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____

8. If this mine was licensed under another name or person, give the following information:

Former name of Company _____	Former Mine Name or No. _____	Former Executive Officer _____
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Last Year Mine Was Licensed _____ Last License No. _____

Mine Coordinates: _____ (Degrees, Minutes, Seconds) _____ (Degrees, Minutes, Seconds)

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9. Mining projected within 500 feet of oil or gas wells? Yes No

THESE QUESTIONS MUST BE ANSWERED ON ALL APPLICATIONS

1. Superintendent _____ Shift _____ Miner ID No: _____ Cert. No. _____
 Mine Foreman: _____ Shift _____ Miner ID No: _____ Cert. No. _____

2. Number of Underground Employees			Number of Surface Employees		
Shift 1	Shift 2	Shift 3	Shift 1	Shift 2	Shift 3
Underground _____	_____	_____	_____	_____	_____
Surface _____	_____	_____	_____	_____	_____

3. Name of engineer certifying map _____ Registration No. _____ Map Covers Period Ending _____

4. Workers Compensation Carrier Self-Insured

5. Will mining require use of explosives? Yes No If yes, list the person(s) responsible for explosives _____

6. (Name) KY Coal Severance Tax No. _____ (SSN) _____ (DOB) _____ (License No.) _____ (Certification No.) _____
 7. Reclamation Permit Number _____ 8. MSHA I.D. Number _____
 9. Solid Blasting Permit No. _____ 10. Diesel Equipment used? Yes No UD Permit No. _____

READ THE FOLLOWING STATEMENT AND ALL INSTRUCTIONS BEFORE SIGNING APPLICATION

I hereby swear or affirm that I am the Executive Officer of the above-named mine and that I will be responsible for the safe operation of this mine and will promptly notify the Division of Mine Safety if there is a change of ownership of this mine or if the mine is being abandoned.

Witness _____ Date _____ Signature of Executive Officer _____

Note: License applications must be signed by the Executive Officer, or an authorized representative for which a completed authorization affidavit has been filed with this office. An up-to-date certified map, a signed Annual Report form and licensee fee must be submitted before the license will be issued. No license will be issued unless a Certificate of Insurance Coverage is provided as mandated in KRS 351.175.

