



# DIVISION OF MINE SAFETY MINE LICENSE APPLICATION

ATTACH CURRENT YEAR LICENSE LABEL

**FOR DEPARTMENT USE ONLY**

District: **HAZARD**

License No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

License Fee: \_\_\_\_\_

Tonnage: \_\_\_\_\_

No. of Sections: \_\_\_\_\_

File No.: \_\_\_\_\_

Map Attached:

Annual Report Attached: Yes  No

**TYPE OF MINE**

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  6. Continuous

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. Executive Officer \_\_\_\_\_ SSN \_\_\_\_\_  
6. 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 _____

7. 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 _____
Last Year Mine Was Licensed _____	Last License No. _____	

Mine Coordinates: \_\_\_\_\_ (Degrees, Minutes, Seconds) \_\_\_\_\_ (Degrees, Minutes, Seconds)

Mine Coordinates: \_\_\_\_\_ (Degrees, Minutes, Seconds) \_\_\_\_\_ (Degrees, Minutes, Seconds)

8. 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 \_\_\_\_\_ Please list Carrier: \_\_\_\_\_  
5. Will mining require use of explosives?  Yes  No If yes, list the person(s) responsible for explosives \_\_\_\_\_

6. (Name) \_\_\_\_\_ (SSN) \_\_\_\_\_ (DOB) \_\_\_\_\_ (License No.) \_\_\_\_\_ Certification No.) \_\_\_\_\_  
KY Coal Severance Tax No. \_\_\_\_\_ 7. MSHA I.D. Number \_\_\_\_\_  
8. Solid Blasting Permit No. \_\_\_\_\_ 9. 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 Office of Mine Safety and Licensing 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.

