

## INDEPENDENT CONTRACTORS

Revised 10/ 2012

### Certificate of Approval Permitting Procedures and Checklist

Attached please find an entire application package for the DMM60C Independent Contractor Certificate of Approval. These forms can be found at <http://www.wvminesafety.org/contrfrm.htm>

**Please read these instructions carefully** – this should help you identify what is required. Please direct any questions to the MHST Charleston office on the attached Permitting Contacts page.

1. DMM-60C Certificate of Approval permit application
2. Independent Contractor General Information (2 pages)
  - 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.
3. Initial Submittal forms for the Comprehensive Mine Safety Program (CMSP) – **NO FEE REQUIRED**
  - a. Written Comprehensive Mine Safety Program (CMSP), inclusive of the task specific sheet. A sample is available on our webpage at <http://www.wvminesafety.org/contrfrm.htm>
  - b. CMSP and forms be submitted for review and approval to the local regional office. See location and addresses at the bottom of these instructions.
4. One hundred dollar (\$100.00) non-refundable permit fee.
5. WV Division of Labor Forms (3 pages) (wage bond may be required) for instructions see next page
6. Proof of Workers Compensation
7. Copy of State of WV Business Tax License
8. If your business is Incorporated, a Corporation, P.L.L.C. or L.L.C. – you must be registered with the WV Secretary of State's (WVSOS) office.
  - Include a copy of Certificate of Authority. We verify through the WVSOS website
9. Compliance with Bureau of Employment Programs Unemployment Compensation
  - We verify through Unemployment Compensation website for default account

**ALL FORMS MUST HAVE ORIGINAL SIGNATURE - Signatures must be that of an Owner, Partner, L.L.C. member or Corporate Officer**

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**ALL FORMS AND INFORMATION MUST BE SUBMITTED AND AN APPROVED CERTIFICATE OF APPROVAL**

**MUST BE ISSUED PRIOR TO ANY WORK COMMENCING ON MINE PROPERTY!**

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- **MAIL CMSP, FORMS AND DOCUMENTS (#3, 3a, 3b) TO ONE OF THE FOLLOWING REGIONAL OFFICES FOR REVIEW AND APPROVAL BY A MHST SAFETY INSTRUCTOR**
- **For a map outlining the counties located within the region offices go to: <http://www.wvminesafety.org/regionmap.htm>**

Region One - Westover covers Northern WV and surrounding states  
14 Commerce Drive, Suite 1, Westover, WV 26501 / Telephone: 304-285-3268; Fax: 304-285-3275

Region Two - Welch covers Southern WV and surrounding states  
891 Stewart Street, Welch, WV 24801 / Telephone: 304-436-8421; Fax: 304-436-2100

Region Three- Danville covers South West WV and surrounding states  
137 Peach Court Suite 2, Danville, WV 25053 / Telephone: 304-369-7823; Fax 304-369-7826

Region Four - Oak Hill covers Central and South East WV and surrounding states  
550 Industrial Drive, Oak Hill, WV 25901 / Telephone: 304-469-8100; Fax: 304-469-4059

**ALL OTHER FORMS (#1, #2, #3b #4, #5, #6, #7) DOCUMENTS AND FEES SHOULD BE MAILED TO:**

#7 Players Club Drive – Suite 2, Charleston, WV 25311 / Telephone: 304-558-1425; Fax: 304-558-6091

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, those 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. The letter must be signed by the owner, partner, L.L.C. member or corporate officer. It can be faxed to (304) 558-6091. Before your permit can be closed, all 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 the company's name changes or the Federal Employers Identification Number (FEIN) changes from what we currently have on file for your permit this will require a NEW PERMIT, and must go through the permitting process again for a new permit.

## **WV Division of Labor**

LABOR FORMS MUST HAVE ORIGINAL COMPANY OFFICIAL'S SIGNATURE

Signatures must be an owner, partner, LLC member or corporate officer.

- a. DMM-1CC Division of Labor - tracking sheet
- b. 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.
- c. 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 (This letter does not exclude you from MHST requirements for permitting.
  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)**

- a. 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 WV Office of MHST.

1. A signed copy of the DMM-60C Certificate of Approval;
2. An approved Comprehensive Mine Safety Program letter that provides the one-year Anniversary Date of your program.

**Contractors ARE NOT to be working on bonded mine property until they have both documents.**

## Permitting Contacts

Agency Name	Webpage	Telephone
MHS T Charleston Office (Independent Contractor Certificate of Approval)	<a href="http://www.wvminesafety.org">www.wvminesafety.org</a>	(304) 558-1425
Contact Info for Contractors: Numbered, and A through J K through Z		(304) 957-2316 (304) 957-2313
WV Division of Labor (Wage Bonding) (Contractor's License)	<a href="http://www.wvlabor.org">www.wvlabor.org</a>	(304) 558-7890 Ext. 144 Ext. 161
WV Secretary of State (To register to do business in West Virginia)	<a href="http://www.wvsos.com">www.wvsos.com</a>	(304) 558-6000
WV Department of Tax & Revenue (To obtain Business Registration)	<a href="http://www.wva.state.wv.us/wvtax">www.wva.state.wv.us/wvtax</a>	(304) 558-3333
WV Insurance Commission (Workers' Compensation)	<a href="http://www.wvinsurance.gov">www.wvinsurance.gov</a>	(304) 558-6279
WV Bureau of Employment Programs	<a href="http://www.wvbep.org/bep">www.wvbep.org/bep</a>	(304) 558-1281
WV Public Service Commission (CRT Overweight Truck Stickers)	<a href="http://www.psc.state.wv.us">www.psc.state.wv.us</a>	(304) 340-0300

State of West Virginia  
Office of Miners' Health, Safety and Training  
#7 Players Club Drive – Suite 2  
Charleston, West Virginia 25311-1626  
[www.wvminesafety.org](http://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) \_\_\_\_\_  
Number of Employees Working at WV Mine Site Properties: \_\_\_\_\_ (minimum of one employee)

**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 (JANUARY THROUGH DECEMBER) AND MUST BE RENEWED EACH JANUARY. Independent Contractors are required to comply with all WV laws and regulations. Copies can be purchased or downloaded from the publication link on our website at [www.wvminesafety.org](http://www.wvminesafety.org)

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
\$100.00 Permit Fee \_\_\_\_\_  
\_\_\_\_\_  
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**  
**# 7 Players Club Drive – Suite 2**  
**Charleston, West Virginia 25311-1626**  
Website: [www.wvminesafety.org](http://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 \_\_\_\_\_  
Number of Employees Working at WV Mine Site Properties: \_\_\_\_\_ (minimum of one employee)

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) \_\_\_\_\_

Name of Certified Person Responsible for Training:

\_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**APPROVED COMPREHENSIVE MINE SAFETY PROGRAM (CMSP)** (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(s) for that individual:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**ASSESSMENT CONTACT OFFICER AND ASSESSMENT MAILING ADDRESS**  
(Notice of Assessments will be sent to this contact person and address):

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 corporate 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)**

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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)**

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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)**

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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

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WV Office of Miners' Health, Safety & Training

# 7 Players Club Drive – Suite 2

Charleston, WV 25311-1626

(304) 558-1425

FAX (304) 558-6091

Contractor ID No. / WV Permit No. C- \_\_\_\_\_

No. of Employees \_\_\_\_\_

(report only actual employees on WV 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: Name Title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please use reverse of form and/or attach additional paperwork if necessary)

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**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

( ) Not Applicable

( ) Not In Compliance

( ) WV Contractors License # \_\_\_\_\_

Classification \_\_\_\_\_

**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.	
<b>BOND EXEMPTIONS</b> (Check if Applicable)  _____ Work is limited to single family dwellings and/or family farming enterprises  _____ No current employees  _____ Subcontracts all work  _____ Permit Holder Only  _____ Owner Operator / Sole Prop.  If no boxes were checked above, you must complete the box to the right.  _____ →	<b>Has your company been ACTIVELY engaged in business in West Virginia with employees for the past five (5) consecutive years?</b>  _____ YES: If you have not maintained an unemployment account with Workforce WV for the last five consecutive years, verification may be required.  _____ 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.  <b>If operations have not yet begun:</b> 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.

/ \_\_\_\_\_ 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 \_\_\_\_\_

**EXEMPTION REQUEST  
WEST VIRGINIA CONTRACTOR LICENSING ACT**

Please fill in this form and mail or fax to:

**West Virginia Contractor Licensing Board  
State Capitol Complex  
Building 6, Room 749B  
Charleston, WV 25305  
PHONE: (304) 558-7890      FAX: (304) 558-5174**

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

WV Business Registration Tax Number: \_\_\_\_\_

Federal Employers Identification Number (FEIN): \_\_\_\_\_

Have you been asked to produce a *West Virginia Contractor License* or an *Exemption* to gain access to a work site?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, the request was made by : \_\_\_\_\_

Address: \_\_\_\_\_

**PLEASE BE SPECIFIC AND ATTACH THE SCOPE OF WORK THAT WILL BE PERFORMED AND THE  
TYPE(S) OF EQUIPMENT YOU WILL USE.**

(An exemption will **NOT** be issued without a detailed scope of work.)

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Print or type name: \_\_\_\_\_

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

\_\_\_\_\_  
Date