Legal Identity Report

U.S. Department of LaborMine Safety and Health Administration



This report is required by law (30 C.F.R. 41). Failure to report can result in assessment of a civil penalty. Knowingly making a false statement can result in criminal prosecution under Section 110 of the Federal Mine Safety and Health Act of 1977. This report should be prepared only by an official with full knowledge of ownership information. This report must be signed by the Official completing the form to be valid. Type or print in ink only. If more space is required in any section below, use a separate sheet. Instructions are on the reverse side of the last page.

Form Approved: OMB Number 1219-0042: Approval Expires 12/31/2023

5 C.F.R. 1320.21-Public reporting burden for this collection of information is estimated to average 30 minutes per written response and 20 minutes per electronic response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data need, and completing and reviewing the collection of information. Send comments regarding the collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Mine Safety and Health Administration, Office of Standards, Regulations, and Variances, 200 Constitution Avenue NW, Room C3522 Washington, DC 20210. Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number.

NOTE: You must mail copies 1 and 2 of this completed form to your local MSHA office. Questions about filling this form should be directed to the Wilkes-Barre Assessment Center, 570-826-6431. Health Administration, Office of Standards, Regulations, and Variances, 200 Constitution of the Vilkes-Barre Assessment Center, 570-826-6431.			spond	
		HANGES HAVE BEEN SUBMITTED. IF THE CHANGES PROVIDED ON ILLED FOR EACH MINE IDENTIFICATION NUMBER.	THIS	
Initial Notice	Update Notice	Effective Date:		
1. Federal Mine Identification Number:	Mine Informat	on		
2. Mine Name:				
. Directions to this mine:				
	Street Address			
I. Mine location address:	City	State Zip Code	$\overline{}$	
	County			
Cofficial Dualización Name of Occasión				
5. Official Business Name of Operator:	Street Address			
6. Principal Office Address for this Operator:				
	City	State Zip Code	\top	
7. Telephone number for this mine:	Area Code Telephone Numb	er Extension (In the Event of an Emergency)		
3. Commodity:	Type of Operation.			
Person at Mine in Charge of Health and Safety: (Sup				
ast Name	First Name	MI		
Fitle				
Street or P.O. Box Address				
Dity		State Zip Code		
E-mail Address			\Box	
10. Person with Overall Responsibility for a Health and of the Mine: (Safety Director)	Safety Program at ALL of the Ope	rator's Mines, if the Operator is Not Directly Involved in the Daily Opera	ition	
_ast Name	First Name	MI		
Fitle				
Street or P.O. Box Address				
City		State Zip Code		
E-mail Address				
14 Address of Record and Tolophone Number: [Address	es and Person designated to receive	Official Mail - Service of documents upon the operator will be completed by n	nailing	
		mailing address, a separate street address for personal service must be MI	Talling	
Fitle				
Street Address				
City		State Zip Code	T	
Foreign Country		Foreign Zip Code		
P. O. Box Address				
Dity		State Zip Code		
Area Code Telephone Number	Extension	E-mail Address		
	Ownership Inform	nation		
12. This Official Business is a: Sole Proprietorship Partnership Corporation Other				
13. If Business is listed as Other, what is the type of Type of Organization: Joint Venture, County Government, Limited Liability Company, etc. Type of Organization: Joint Venture, County Government, Limited Liability Company, etc.				
EIN).	For individuals, this is your social secu	urity number (SSN). For other entities, this is your employer identification number (SSN).	mber	
SSN for Individuals: - Privacy Act Notice. We are authorized to request this information	under the Debt Collection Improvement A	EIN for Entities	lates us	

Privacy Act Notice. We are authorized to request this information under the Debt Collection Improvement Act of 1996, Title 31 U.S.C. amended section 7701, new subsection (c)(1), which mandates u to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.

15. The Ir	ndividual(s) or Organization(s) with ownership interest in this Business or Corporate Officers/Directors are:
	Last Name MI
a.	
	Title
	Organization/Company Name
	Street or P.O. Box Address
	The Code
	City State Zip Code
	Foreign Country Foreign Zip Code
	Last Name MI
b.	
D.	Title
	Organization/Company Name
	Street or P.O. Box Address
	Check box below if a separate sheet
	City State Zip Code is attached for additional space.
	Foreign Country Foreign Zip Code
16 If Bue	iness is listed as Other, what are the names of Principal Organization Officials or Members?
TO. II Bus	Last Name First Name MI
	THE TABLE
a.	Title
	nue -
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country Foreign Zip Code
	Last Name First Name MI
b.	Last Name Mil
	Title
	I Observation of the control of the
	Street or P.O. Box Address Check box below if a separate sheet
	City State Zip Code is attached for additional space.
	Foreign Country Foreign Zip Code
47 IS D	
	State of Incorporation: b. Is this Corporation a subsidiary? Yes No
a. c.	State of Incorporation: b. Is this Corporation a subsidiary? Yes No If yes, what is the name and address of your Parent Corporation?
-	Name
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country Foreign Zip Code
d. Privacy Ad	Employer Identification Number for this Business (EIN): **T Notice.** We are authorized to request this information under the Debt Collection Improvement Act of 1996, Title 31 U.S.C. amended section 7701, new subsection (c)(1), which mandates us
	egulated entities and persons who are doing business with a Federal agency to furnish a TIN.
Signature	and Title of Official Completing Form Date Form Completed
MSHA Form	
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