

LEGAL IDENTITY

30 CFR § 41.10 Scope.

Section 109(d) of the Federal Mine Safety and Health Act of 1977 (Pub. L. 91-173, as amended by Pub. L. 95-164), requires each operator of a coal or other mine to file with the Secretary of Labor the name and address of such mine, the name and address of the person who controls or operates the mine, and any revisions in such names and addresses. Section 103(h) of the act requires the operator of a coal or other mine to provide such information as the Secretary of Labor may reasonably require from time to time to enable the Secretary to perform his functions under the act. The regulations in this Subpart B provide for the notification to the Mine Safety and Health Administration of the legal identity of the operator of a coal or other mine and the reporting of all changes in the legal identity of the operator as they occur. The submission of a properly completed Legal Identity Report Form No. 2000-7 required under Subpart C of this part will constitute adequate notification of legal identity to the Mine Safety and Health Administration.

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Mine Safety and Health Administration
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Mine Operators May Now File Required Information over the Internet

Operators of any U.S. mining site may now file legal identity reports with the Department of Labor's Mine Safety and Health Administration (MSHA) over the Internet. Mine operators and independent contractors can now submit MSHA form 2000-7, the legal identification report, using a standard computer terminal with a modem providing access to the world wide web.

"We'd like to make compliance with MSHA requirements as simple and easy as possible," said Davitt McAteer, assistant secretary of labor for mine safety and health. "This new service will greatly reduce the paperwork burden for mine operators submitting this important information."

Federal regulations require that every mine operator submit information that includes the name, and address of the mine, the name and address of the person who controls or operates the mine, as well as any changes to this information, to MSHA in a prompt manner. Previously, it was required that mine operators file the legal identity report and every change of any information contained in that report, to MSHA by properly completing MSHA form 2000-7 and mailing or otherwise delivering the form to the appropriate agency district office.

Effective immediately, computer users may file the legal identity report with MSHA online using the agency's homepage at www.msha.gov. Once on the MSHA homepage, computer users should click on "forms and on-line filings" and then, "form 2000-7, legal identity report." From there, users should follow the on-line filing instructions.

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Also effective immediately, any changes that need to be reported in the legal identity information can be done by providing only the information that has changed—rather than completing a new form in its entirety—either on-line or through the mail.

Mine operators who choose not to use the on-line service may continue to submit any required information by completing and mailing legal identity report to the appropriate MSHA office. Those who are unsure of which office to file the form with, may mail the legal identity report to MSHA's Office of Assessments, 7 North Wilkes-Barre Blvd., Suite 432, Wilkes-Barre, PA, 18702.

MSHA has responsibility for inspection of all U.S. mining operations for compliance with regulations intended to protect workers' safety and health. The agency also investigates all serious and fatal accidents that occur at mining operations.

REPORTING INSTRUCTIONS

The Mine Safety and Health Administration has developed these instructions to aid you in completing the Legal Identity Report Form 2000-7. If you are a first time filer, please read all of the instructions before beginning. Remember that all information previously submitted remains in effect except where changes have been submitted. If the changes provided on this form affect other mines, a separate form must be filed for each mine identification number.

MSHA will use the TIN for purposes of collecting and reporting on any delinquent amounts arising out of assessments made under the Federal Mine Safety and Health Act of 1977 (Mine Act). Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Notice: If this is the first filing of a Legal ID Report for this mine while under the operation or control of this operator, ALL fields on this Legal ID Report require completion.

If an operator wishes to change or supplement information previously submitted regarding this mine while under his/her control, these mandatory fields must be completed: Effective Date; Item #1 Federal Mine Identification Number; Item #2 Mine Name; Item #5 Official Business Name of Operator; Signature and Title of Official Completing Form; and Date Form Completed. The only other fields required to be completed are fields where changes have occurred or additional information is being provided for information previously submitted.

Effective Date of Changes – The date the initial information, or changes on previously submitted information, becomes effective for this mine while under the operation or control of this operator. Enter the effective date, using numbers to show the month, day, and complete year; e.g., 01/01/2002. Please note that this is the date that changes actually became effective and is not necessarily the date you are completing this form.

Item #1	Federal Mine Identification Number - This seven digit mine identification number is obtained from the MSHA district office where the mine is located before mining operations begin.
Item #2	Mine Name - The Official business name assigned to this mining operation.
Item #3	Directions to this Mine - The mileage and directions from the nearest town, city, and/or landmark should be provided.
Item #4	Mine Location Address - The street address, city, state, zip code and county for this mine.
Item #5	Official Business Name of Operator - The official business name that will be used for this operation. This should be the name of the business, not the name of the individual who owns the company, or the name of the individual involved with the day-to-day operations at the mine.
Item #6	Principal Office Address for this Operator - The complete office address where the company or organization is doing business. If located in a rural area, provide the road name or route number.
Item #7	Telephone Number for this mine in the Event of an Emergency - The telephone number for this mine, including area code, where the operator can be reached in the event of an emergency.
Item #8	Commodity (type of product and operation) - The product name and type of operation for this mine.
Item #9	Person at Mine in Charge of Health and Safety. (Superintendent or Principal Officer) - The name, title, address, and e-mail address for the official involved with the day-to-day operations at this mine.
Item #10	Person with Overall Responsibility for a Health and Safety Program at all of the Operator's Mines, if the Operator is Not Directly involved in the Daily Operation of the Mine. (Safety Director) - If the official listed in Item #9 is <u>not</u> directly involved in the daily operation at this mine, provide the name, title, address, and e-mail address of the person with the responsibility for health and safety at all of the operator's mines. If the official listed in Item #9 <u>is</u> directly involved in the daily operation, this is not a required entry.
Item #11	Address of Record and Telephone Number: - <i>Address and Person designated to receive Official Mail. Service of documents upon the operator will be completed by mailing or personal service of the documents to this address. If P.O. Box or General Delivery is used for mailing address, a separate street address for personal service must be provided.</i> -Provide name, title, address, telephone number including area code, and e-mail address for the person designated to receive official mail.
Item #12	This Official Business is a (check only one box): – Check the appropriate box that describes the type of business for this mine. Please do <u>not</u> check more than one box: Sole Proprietorship; Partnership; Corporation; or Other.

Item #16	<p>If Business is listed as Other, list the Principal Organization Officials or Members - The name, title, and complete address for each Individual(s) who is an official or member in the Organization. If located in a rural area, provide the road name or route number. This should not be the address of the Organization, but the address of each Individual. Please use a separate sheet if additional space is needed.</p>
Item #17	<p>If Business is a Corporation, please answer the following:</p>
	<p>a. State of Incorporation - The State abbreviation where the corporation was incorporated.</p>
	<p>b. Is this Corporation a Subsidiary? - Check the appropriate box (yes or no).</p>
	<p>c. If yes, what is the name and address of your Parent Corporation? - Provide the complete name and office address (street, city, state, and zip code) of where the ultimate parent corporation is doing business. The ultimate parent corporation is the highest company in the family tree structure with the ultimate ownership of the operating company. If located in a rural area, provide the road name or route number.</p>
	<p>d. Tax Identification Number for this Parent Corporation - The Employer Identification Number (EIN) for the Parent Corporation. 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 us to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.</p>
	<p>Signature and Title of Official Completing Form - The company official who completed the form is required to sign his/her name, and provide his/her title at the company. This report should be prepared only by an official with full knowledge of the information requested on this form.</p>
	<p>Date Form Completed - The date this form was signed, using numbers to show the month, day, and complete year; e.g., 01/01/2002. Please note that this is the date the form was completed, not the date that changes became effective.</p>

Legal Identity Report

U.S. Department of Labor Mine 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 can be found on the reverse side.

NOTE: You must mail this completed form to your local MSHA office. Questions about filing this form should be directed to the Office of Assessments, 202-693-9700.

Form Approved: OMB Number 1219-0008: Approval Expires February 28, 2005

5 C.F.R. 1320.21-Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project 1219-0008, Washington, D.C. 20503.

ALL INFORMATION PREVIOUSLY SUBMITTED REMAINS IN EFFECT EXCEPT WHERE CHANGES HAVE BEEN SUBMITTED. IF THE CHANGES PROVIDED ON THIS FORM AFFECT OTHER MINES, A SEPARATE FORM MUST BE FILED FOR EACH MINE IDENTIFICATION NUMBER.

Initial Notice

Update Notice

Effective Date: _____

MINE INFORMATION

1. Federal Mine Identification Number: _____

2. Mine Name: _____

3. Directions to this mine: _____

4. Mine location address:

Street Address

City

State

Zip Code

County

5. Official Business Name of Operator: _____

6. Principal Office Address for this Operator:

Street Address

City

State

Zip Code

7. Telephone number for this mine:

Area Code

Telephone Number

Extension

(In the Event of an Emergency)

8. Commodity:

Type of Product

Type of Operation

9. Person at Mine in Charge of Health and Safety: (Superintendent or Principal Officer)

Last Name

First Name

MI

Title

Street or P.O. Box Address

City

State

Zip Code

E-mail Address

10. Person with Overall Responsibility for a Health and Safety Program at ALL of the Operator's Mines, if the Operator is Not Directly Involved in the Daily Operation of the Mine: (Safety Director)

Last Name

First Name

MI

Title

Street or P.O. Box Address

City

State

Zip Code

E-mail Address

d. Last Name First Name MI
 Title
 Organization/Company Name
 Street or P.O. Box Address
 City State Zip Code
 Foreign Country Foreign Zip Code

Check box below if a separate sheet is attached for additional space.

16. If Business is listed as Other, what are the names of Principal Organization Officials or Members?

a. Last Name First Name MI
 Title
 Street or P.O. Box Address
 City State Zip Code
 Foreign Country Foreign Zip Code

b. Last Name First Name MI
 Title
 Street or P.O. Box Address
 City State Zip Code
 Foreign Country Foreign Zip Code

c. Last Name First Name MI
 Title
 Street or P.O. Box Address
 City State Zip Code
 Foreign Country Foreign Zip Code

Check box below if a separate sheet is attached for additional space.

17. If Business is a Corporation, please answer the following:

a. State of Incorporation: b. Is this Corporation a subsidiary? Yes No

c. 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. Employer Identification Number for this Business (EIN):

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 us to require regulated 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