

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials Administration • Bureau of Mines  
160 South Water Street • Frostburg, Maryland 21532  
301-689-1440 • 800-633-6101 x3557 • [www.mde.maryland.gov](http://www.mde.maryland.gov)

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## OPERATOR INFORMATION FOR MINING OPERATIONS

Permit Application No.: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

### 1. **OPERATOR IDENTIFICATION AND INTERESTS**

1.1 Name of Operator or Company: \_\_\_\_\_

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

1.3 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

1.4 Telephone Number: \_\_\_\_\_

1.5 Operator Employer ID Number: \_\_\_\_\_

1.6 Operator Social Security Number: \_\_\_\_\_

1.7 Is the Operator a Licensed Maryland Operator? YES NO

If YES, list Operator's License Number: \_\_\_\_\_

1.8 Identify resident agent, in Maryland, for service of process:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Employer ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

1.9 Indicate legal structure of operator:

☐ Single Proprietorship (Individual)

☐ Partnership

☐ Corporation: List State of Incorporation: \_\_\_\_\_

☐ Association

☐ Other, List: \_\_\_\_\_

Attach certified copy of partnership agreement, incorporation from Secretary of State, or certificate of authority to conduct business in Maryland, whichever is appropriate, and label as Attachment 1.9.

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1.10 If operator is a single proprietorship (individual), list owner:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Employer ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Beginning Date of Ownership: \_\_\_\_\_

1.11 If operator is a partnership, list all partners. If any partner is a business entity and not an individual, also complete item 1.13 for that entity.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Employer ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Location in Organizational Structure: \_\_\_\_\_

Official Title Within Partnership: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_

Beginning Date of Ownership: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Employer ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Location in Organizational Structure: \_\_\_\_\_

Official Title Within Partnership: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_

Beginning Date of Ownership: \_\_\_\_\_

**NOTE: Attach additional entries as needed using the above format and Label Attachment 1.11. No. of additional entries \_\_\_\_\_.**

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1.12 If the operator's legal structure is other than a single proprietorship or a partnership, provide all the information set forth below for:

- a) Officers [President, Vice President, Secretary, Treasurer];
- b) Stockholders owning ten (10) percent or more of any class of voting stock; and
- c) Directors, and any other person performing a function similar to a Director.

If any person listed below is a business entity and not an individual, also complete item 1.13 for that entity.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

Employer ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Ownership/Control Relationship to Applicant: \_\_\_\_\_

Official Title/Position: \_\_\_\_\_

Date Position was Assumed: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_

Beginning Date of Ownership: \_\_\_\_\_

**NOTE: Attach additional entries as needed using the above format and Label Attachment 1.12. No. of additional entries\_\_\_\_\_.**

1.13 Complete this item whenever a business entity is listed in items 1.11, 1.12, or, 1.13. Check the box below which corresponds to the item number in which the entity is found.

Check appropriate box: ☐ 1.11 ☐ 1.12 ☐ 1.13

Name of entity: \_\_\_\_\_

List below the owners and controllers of entity. If any person listed is a business entity and not an individual, also complete an item 1.13 for that entity.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

Employer ID Number: \_\_\_\_\_

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1.13 (Continued)

Social Security Number: \_\_\_\_\_

Ownership/Control Relationship to Applicant: \_\_\_\_\_

Location in Organizational Structure: \_\_\_\_\_

Official Title/Position: \_\_\_\_\_

Date Position was Assumed: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_

Beginning Date of Ownership: \_\_\_\_\_

Beginning Date of Affiliation: \_\_\_\_\_

**NOTE: Attach additional entries as needed using the above format and Label Attachment 1.13. No. of additional entries\_\_\_\_\_.**

- 1.14 List all permits issued within the last five (5) years preceding the date of this application for surface coal mining operations in the United States owned or controlled by the applicant and/or person identified in items 1.10, 1.11, 1.12, or 1.13.

Name of Permittee: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_ Employer ID No.: \_\_\_\_\_

Permit Number	State	Regulatory/Authority	MSHA Number	Date MSHA Number Issued

**NOTE: Attach additional entries as needed using the above format and Label Attachment 1.14. No. of additional entries\_\_\_\_\_.**

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- 1.15 List all permit applications pending for surface coal mining operations in the United States owned or controlled by the operator and/or any person identified in items 1.10, 1.11, 1.12, or 1.13.

Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Employer ID No.: \_\_\_\_\_

Permit Number	State	Regulatory/Authority	MSHA Number	Date MSHA Number Issued

**NOTE: Attach additional entries as needed using the above format and Label Attachment 1.15. No. of additional entries \_\_\_\_\_.**

## 2. **VIOLATION INFORMATION**

- 2.1 Has the operator or any person listed in items 1.10, 1.11, 1.12, or 1.13 or any subsidiary, affiliate, or person controlled by or under common control with the operator.

a) Had a federal or state coal mining permit suspended or revoked in the five (5) years preceding the date of this application?

☐ YES ☐ NO

b) Forfeited a reclamation performance bond or a security deposited in lieu of a bond?

☐ YES ☐ NO

If "YES", to a) or b) above, complete the following:

Name of Operator or Person: \_\_\_\_\_

Permittee: \_\_\_\_\_

Permit No.: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

Regulatory Authority Suspending or Revoking the Permit: \_\_\_\_\_

Stated Reason for Action: \_\_\_\_\_

Current Status of Permit: \_\_\_\_\_

Permit Application No.: \_\_\_\_\_

2.1 (Continued)

If administrative or judicial proceedings initiated, provide the following:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Type: \_\_\_\_\_

Current Status of Proceedings: \_\_\_\_\_

**NOTE: Attach additional entries as needed using the above format and Label Attachment 2.1. No. of additional entries\_\_\_\_\_.**

- 2.2 Has the operator been issued a notice of violation in connection with any surface coal mining and reclamation operation during the three (3) years preceding the date of this application for violation of SMCRA, any federal law, rule or regulation pertaining to air or water environmental protection, or any state law, rule or regulation enacted pursuant to federal law, rule or regulation pertaining to air or water environmental protection?

☐ YES ☐ NO

If YES, provide the following information:

Name to Whom Violation was Issued: \_\_\_\_\_

Permit Number: \_\_\_\_\_

MSHA Number: \_\_\_\_\_ Date MSHA Number Issued: \_\_\_\_\_

Violation I.D. Number: \_\_\_\_\_

Issuing Regulatory Authority: \_\_\_\_\_

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

Description of Alleged Violation: \_\_\_\_\_

Abatement Actions Taken: \_\_\_\_\_

Date of Abatement Actions: \_\_\_\_\_

Type of Proceedings (Administrative or Judicial): \_\_\_\_\_

Date of Proceedings: \_\_\_\_\_

Status of Proceedings: \_\_\_\_\_

Location of Proceedings: \_\_\_\_\_

**NOTE: Attach additional entries as needed using the above format and Label Attachment 2.2. No. of additional entries\_\_\_\_\_.**

Permit Application No.: \_\_\_\_\_

- 2.3 List all unabated cessation orders, and all unabated air and water quality notices of violation received prior to the date of this application by any surface coal mining and reclamation operation owned or controlled by either the operator or by any person identified in items 1.10, 1.11, 1.12, or 1.13. If none, check box: ☐

Name of Operator or Person: \_\_\_\_\_

Name to Whom Violation was Issued: \_\_\_\_\_

Permit Number: \_\_\_\_\_

MSHA Number: \_\_\_\_\_ Date MSHA Number Issued: \_\_\_\_\_

Violation I.D. Number: \_\_\_\_\_

Issuing Regulatory Authority: \_\_\_\_\_

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

Description of Alleged Violation: \_\_\_\_\_

Abatement Actions Taken: \_\_\_\_\_

Date of Abatement Actions: \_\_\_\_\_

Type of Proceedings (Administrative or Judicial): \_\_\_\_\_

Date of Proceedings: \_\_\_\_\_

Status of Proceedings: \_\_\_\_\_

Location of Proceedings: \_\_\_\_\_

**NOTE: Attach additional entries as needed using the above format and Label Attachment 2.3. No. of additional entries\_\_\_\_\_.**

Permit Application No.: \_\_\_\_\_

**3. SIGNATURE OF OPERATOR OR AUTHORIZED AGENT**

The undersigned, being first duly sworn, states that he/she has read all the information provided in this Operator Information For Mining Operation form and has found it to be true and correct. The undersigned further acknowledges that any information provided or omitted herein for the purpose of defrauding or misleading the Maryland Bureau of Mines may result in criminal charges being instituted pursuant to applicable state laws.

Operator Company Name: \_\_\_\_\_

Name of Operator or Agent Whose Signature Appears Below:

\_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature of Operator or Agent\*: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_

This Is The \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

State in which Commissioned: \_\_\_\_\_

\*NOTE: If signer is other than president or secretary of a corporation, attach a notarized copy of power of attorney, or certified resolution which grants signer the legal authority to represent the applicant in this application. (Does not apply to a single proprietorship or partnership.) Such documents should include evidence the power was in effect on the date of the signing.

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., State Gov't §§ 10-601, et seq.). This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.