FORM NUMBER  MDE/LMA/PER.027

REVISED DATE  08/21/2014

TTY USERS  1-800-735-2258

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Land Management Administration  •  Bureau of Mines
160 South Water Street  •  Frostburg, Maryland  21532
(301) 689-1440  •  1-800-633-6101  •  http://www.mde.state.md.us

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 Attachment 1.9.
Permit Application No.: _____________________

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 __________.
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: ________________________________
Permit Application No.: ______________________

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.: ________________________________

<table>
<thead>
<tr>
<th>Permit Number</th>
<th>State</th>
<th>Regulatory/Authority</th>
<th>MSHA Number</th>
<th>Date MSHA Number Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Attach additional entries as needed using the above format and Label Attachment 1.14. No. of additional entries ____________.
Permit Application No.: ____________________________

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.: ________________________________

<table>
<thead>
<tr>
<th>Permit Number</th>
<th>State</th>
<th>Regulatory/Authority</th>
<th>MSHA Number</th>
<th>Date MSHA Number Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ________.
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 ____________.
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 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.