

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

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 _____.

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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.