

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

APPLICATION FOR TRANSFER OF MINING PERMIT

Permit Application No.: _____ Date: _____

Surface: _____ Underground: _____ Processing Plant: _____ Refuse Reclamation: _____

1. PRESENT PERMIT INFORMATION

1.1 Permit Number: _____ County: _____

1.2 Permit Acres: _____ Open Acre Limit: _____

1.3 Affected Acres: _____ Open Acres: _____

1.4 Permittee: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

1.5 Are there any outstanding violations existing on permit? YES NO

If YES, list violation and order no(s).

2. APPLICANT FOR TRANSFER IDENTIFICATION AND INTERESTS

2.1 Name of Applicant: _____

Address: _____

City: _____ State: _____

Zipcode: _____ Telephone No: _____

2.2 Applicant Employer ID Number: _____

2.3 Applicant Social Security Number: _____

2.4 Is the Applicant a Licensed Maryland Operator? YES NO

If Yes, list Operator's License No. _____

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2.5 Identify Resident Agent, in Maryland, for service of process:

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer ID Number: _____

Social Security Number: _____

2.6 Identify individual who will pay the federal abandoned mine land reclamation fees:

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer ID Number: _____

Social Security Number: _____

2.7 Indicate legal structure of applicant:

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 2.7.

2.8 If applicant 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: _____

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2.9 If applicant is a partnership, list all partners. If any partner is a business entity and not an individual, also complete Item 2.13 for that entity.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer ID Number: _____

Social Security Number: _____

Ownership/Control Relationship to Applicant: _____

Location in Organizational Structure: _____

Percent of Ownership: _____

Official Title within Partnership: _____

Beginning Date of Ownership: _____

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer ID Number: _____

Social Security Number: _____

Ownership/Control Relationship to Applicant: _____

Location in Organizational Structure: _____

Percent of Ownership: _____

Official title within Partnership: _____

Beginning Date of Ownership: _____

NOTE: Attach additional entries as needed using the above format and Label Attachment

2.9. No. of additional entries _____.

2.10 If the applicant's legal structure is other than a single proprietorship or a partnership, provide all the information set forth below for: (1) Officers [President, Vice President, Secretary, Treasurer]; (2) Stockholders owning ten (10) percent or more of any class of voting stock; and (3) 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 2.13 for that entity.

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2.10 (Continued)

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer ID Number: _____

Social Security Number: _____

Ownership/Control Relationship to Applicant: _____

Location in Organizational Structure: _____

Official Title within Organization: _____

Date Position was Assumed: _____

Percent of Ownership: _____

Beginning Date of Ownership: _____

**NOTE: Attach additional entries as needed using the above format and Label Attachment
2.10. No. of additional entries_____.**

2.11 Will the coal be mined under a lease, sublease, or other contract? YES NO

Identify below every person owning the coal or controlling the coal to be mined under a lease, sublease, or other contract and having the right to receive the coal after mining. If none, check box: .

Also, identify below every person owning the coal or controlling the coal to be mined under lease, sublease, or other contract and having the authority to determine the manner in which the surface coal mining operation is conducted. If none, check box:

If any person listed below is a business entity and not an individual, also complete item 2.13 for that entity.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer ID Number: _____

Social Security Number: _____

Ownership/Control Relationship to Applicant: _____

Beginning Date of Relationship: _____

**NOTE: Attach additional entries as needed using the above format and Label Attachment
2.11. No. of additional entries_____.**

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2.12 Identify below all persons who have the authority or ability to commit the financial, real property assets, or working resources of the applicant who are not otherwise identified as owners, officers, or directors of the applicant. If none, check box:

If any person listed below is a business entity and not an individual, also complete item 2.13 for that entity.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer ID Number: _____

Social Security Number: _____

Ownership/Control Relationship to Applicant: _____

Beginning Date of Relationship: _____

NOTE: Attach additional entries as needed using the above format and Label Attachment

2.12. No. of additional entries _____.

2.13 Complete this item whenever a business entity is listed in items 2.9, 2.10, 2.11, 2.12, and 2.13. Check the box below which corresponds to the item number in which the entity is found. If none, check box:

Check appropriate box:

2.9 2.10 2.11 2.12 2.13

Name of Entity: _____

List below the owners and controllers of parent company. If any person listed is a business entity and not an individual, also complete an item 2.13 for that entity.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: _____

Employer ID Number: _____

Social Security Number: _____

Ownership/Control Relationship to Entity: _____

Location in Organizational Structure: _____

Percent of Ownership: _____

Official Title within Organization: _____

Date Position was Assumed: _____

Beginning Date of Ownership: _____

Beginning Date of Affiliation: _____

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2.13 (Continued)

NOTE: Attach additional entries as needed using the above format and Label Attachment

2.13. No. of additional entries_____.

2.14 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 2.8, 2.9, 2.10, 2.11, 2.12, or 2.13.

Name of Permittee: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Employer ID Number: _____

PERMIT NUMBER	STATE	REGULATORY AUTHORITY	MSHA NUMBER	DATE MSHA NO. ISSUED

NOTE: Attach additional entries as needed using the above format and Label Attachment

2.14. No. of additional entries_____.

2.15 List all permit applications pending for surface coal mining operations in the United States owned or controlled by the applicant and/or any person identified in items 2.8, 2.9, 2.10, 2.11, 2.12, or 2.13.

Applicant: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Employer ID Number: _____

PERMIT NUMBER	STATE	REGULATORY AUTHORITY	MSHA NUMBER	DATE MSHA NO. ISSUED

NOTE: Attach additional entries as needed using the above format and Label Attachment 2.15. No. of additional entries

2.16 Will the mine operator of the transferred permit be different from the applicant?
 Yes No.

If YES, complete and submit Operator Information for Mining Operations form (MDE/WMA/PER.027) for each operator other than the applicant.

3. VIOLATION INFORMATION

3.1 Has the applicant or any person listed in items 2.8, 2.9, 2.10, 2.11, 2.12, or 2.13 or any subsidiary, affiliate, or person controlled by or under common control with the applicant.

a) Had a federal or state coal mining permit suspended or revoked in the five (5) years preceding the date of this applicant?
 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 Applicant or Person: _____

Permittee: _____

Permit Number: _____ Date of Issuance: _____

Regulatory Authority Suspending or revoking the permit: _____

Stated Reason for Action: _____

Current Status of Permit: _____

(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

3.1. No. of additional entries _____.

3.2 Has the applicant 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: _____

MSHA Number: _____

Date MSHA No. Issued: _____

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(3.2 continued)

Violation ID 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

3.2. No. of additional entries _____

3.3 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 applicant or by any person identified in items 2.8, 2.9, 2.10, 2.11, 2.12, or 2.13. If none, check box:

Name of Applicant or Person: _____

Name to Whom Violation was Issued: _____

Permit Number: _____

MSHA Number: _____ Date MSHA No. was Issued: _____

Violation ID 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: _____

3.3. No. of additional entries : _____

**NOTE: Attach additional entries as needed
using the above format and Label Attachment**

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4. MINE SITE INFORMATION AND OWNERSHIP

FOR ITEMS 4.1 TO 4.7, IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEETS
AND LABEL ATTACHMENTS 4.1 TO 4.7 RESPECTIVELY

4.1 List the names and addresses of every legal or equitable owner of record of the surface property(s) to be mined under this application.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

—

4.2 List the names and addresses of every legal or equitable owner of record of the mineral(s) to be mined under this application.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

4.3 List the names and addresses of all holders of record of any leasehold interest for each property (surface and mineral) to be mined under this application. Identify as surface or mineral interest.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

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Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

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4.4 List any purchase of record under a real estate contract of the property (surface and mineral) to be mined under this application.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

4.5 List all lands, interests in lands, option or pending bids on interests held or made by the applicant for lands which are contiguous to the area to be covered by the permit.

4.6 List the names and addresses of the owners of record of all surface areas contiguous to any part of the proposed permit area.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

—

4.7 List the names and addresses of all owners of record of all mineral rights contiguous to any part of the proposed permit area.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

—

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5.0 RIGHT OF ENTRY

5.1 The source of the applicant's legal right to enter and conduct surface coal mining operations on the proposed permit area covered by this application is by _____
from _____ for _____ acres, located in _____
County Election District No. _____ dated _____.

5.2 Are the rights claimed in the document(s) referenced in item 5.1 the subject of any pending litigation?

YES NO.

If YES, identify the nature and current status of the proceedings and label as Attachment 5.2.

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5.3 Has the private mineral estate to be mined been severed from the private surface estate?

YES NO. If YES, provide the following and label Attachment 5.3.

- a) A copy of the written consent of the surface owner for extraction of coal by surface mining methods;
- b) A copy of the document of conveyance that expressly grants or reserves the right to extract the coal by surface mining methods; or
- c) If the conveyance does not expressly grant the right to extract the coal by surface mining methods, document that under State law the applicant has the legal authority to extract the coal by these methods.

5.4 Attach a completed copy of the Bureau of Mines Consent of Landowner form for each surface owner on the proposed permit area, and label Attachment 5.4.

5.5 Attach a valid certificate of liability insurance as required by COMAR 26.20.15 and label Attachment 5.5.

5.6 In accordance with Environment Article §1-202, Annotated Code of Maryland, provide either:

- a) A Certificate of Compliance with the Maryland Workers' Compensation Act; or
- b) A Workers' Compensation Insurance policy or binder number: _____

5.7 Attach a copy of the Notice of Application for Transfer of Surface Coal Mining Permit to be submitted to the newspaper(s) and label Attachment 5.7. (NOTE) Submit under separate cover, no later than two weeks after the last date of publication, the certified proof of publication from the newspaper(s).

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6.0 SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

The undersigned, being first duly sworn, states that to the best of their knowledge all the information provided in this Application for Transfer of Mining Operations is 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.

Applicant Company Name: _____

Name of Applicant or Agent Whose Signature Appears Below: _____

Title: _____ Telephone Number: _____

Signature of Applicant or Agent*: _____

Date of Signature: _____

Subscribed and sworn to before me by _____

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.

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AGREEMENT

THIS AGREEMENT, made and executed in duplicate this _____ day of _____, 20_____, by and between _____, a _____ corporation, party of the first part, and _____ a _____ corporation, party of the second part

WITNESSETH:

_____, the existing permittee under Mining Permit No. _____ and Water Discharge Permit No. _____ has transferred, assigned, sold, or conveyed by other means all rights pertaining to the above permit to _____ who agrees to conduct the operations covered by the permit in accordance with the Maryland mining laws, regulations promulgated thereunder, and in full compliance with the terms and conditions of the original permit and any amendment thereto.

ATTEST:

Party of the First Part

BY _____

STATE OF _____

COUNTY OF _____ TO WIT: _____

I HEREBY CERTIFY, that on this _____ day of _____, 20_____, before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared _____, President of _____
_____ and he acknowledged the foregoing instrument to be the act and deed of said Corporation.

WITNESS my hand and Notarial Seal the day and year last above written.

My Commission Expires: _____

Notary Public

Permit Application No.: _____

ATTEST: _____

Party of the Second Part _____

BY _____

STATE OF _____

COUNTY OF _____ TO WIT: _____

I HEREBY CERTIFY, that on this _____ day of _____, 20_____, before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared _____, President of _____ _____ and he acknowledged the foregoing instrument to be the act and deed of said Corporation.

WITNESS my hand and Notarial Seal the day and year last above written.

My Commission Expires: _____ Notary Public

Permit Application No.: _____

NOTICE OF APPLICATION FOR SURFACE MINE PERMIT

Notice is hereby given that _____
Company or Applicant

Address

has submitted an application to transfer Permit No. _____ currently issued to
_____. The permit is located on the
Permittee's Name and Address

Direction side of _____, _____ miles
Stream or Tributary Direction

side of _____ in Election District No. _____, _____ County,
Town

Maryland, Maryland Grid Coordinates: N: _____, E: _____. Written comments on the
application will be received until _____ or 30 days from the date of
Date
publication, by the Director, Maryland Bureau of Mines, 160 South Water Street, Frostburg, Maryland
21532.

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.

Form Number: MDE/LMA/PER 031

Date: 11-6-2017

TTY 800-735-2258

Form Number: MDE.LMA/PER 031
Date: 11-6-2017
TTY Users 800-735-2258