

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 not 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 is directly involved in the daily operation, **this is not a required entry.**

Item #11 **Address of Record and Telephone Number:** - *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.*-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 not check more than one box: Sole Proprietorship; Partnership; Corporation; or Other.

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| | <p>Sole Proprietorship -A business with a sole (individual) owner. If your business belongs in this category, please check the Initial or Update Notice box, enter the Effective Date, and answer Items 1 through 11 from the Mine Information Section and Items 12, 14, and 15 from the Ownership Section. Please remember to sign and date the form.</p> |
| | <p>Partnership – An association of persons joined as partners in business. If your business belongs in this category, please check the Initial or Update Notice box, enter the Effective Date, and answer Items 1 through 11 from the Mine Information Section and Items 12, 14, and 15 from the Ownership Section. Please remember to sign and date the form.</p> |
| | <p>Corporation – An association of individuals, created by law and existing as an entity with powers and liabilities independent of those of its members. If your business belongs in this category, please check the Initial or Update Notice box, enter the Effective Date, and answer Items 1 through 11 from the Mine Information Section and Items 12, 14, 15, and 17 (if applicable) from the Ownership Section. Please remember to sign and date the form.</p> |
| | <p>Other - If your business does not fall in one of the above categories (Sole Proprietorship, Partnership, or Corporation) this box should be checked. Examples of Other are Joint Venture, County or State Government, and Limited Liability Company. Please check the Initial or Update Notice box, enter the Effective Date, and answer Items 1 through 11 from the Mine Information Section and Items 12, 13, 14, 15, and 16. Please remember to sign and date the form.</p> |
| Item #13 | <p>If Business is listed as Other, what is the type of Organization? - If you checked Other in Item 12, identify the type of organization (i.e., Joint Venture, County or State Government, Limited Liability Company, etc.).</p> |
| Item #14 | <p>Tax Identification Number for this Business: The Identification Number that applies to your Business. For individuals, this would be your Social Security Number. For entities, this would be your Employer Identification Number (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.</p> |
| Item #15 | <p>The Individual(s) or Organization(s) with ownership interest in this Business or Corporate Officers/Directors - Please refer to the instructions below that pertain to your type of business. If additional space is needed, please check the box located in Item 15d and attach a separate sheet.</p> |
| | <p>Sole Proprietorship - The name and complete address of the owner (sole proprietor) of this business. If located in a rural area, provide the road name or route number. Because a sole proprietorship is defined as a business with one owner, there should only be one owner listed on this form.</p> |
| | <p>Partnership - The name and complete address for each partner. If located in a rural area, provide the road name or route number. Do not use the address for the business. This should be the address for each partner. If the partnership's owners are companies, each company's name should be entered in the field named Organization/Company Name. The corresponding address should be for the office where the company is doing business (street, city, state, and zip code). If located in a rural area, show the road name or route number. The owner(s) or officers/directors and addresses for these companies should also be provided. Please use a separate sheet if additional space is needed.</p> |
| | <p>Corporation - The name, title and complete address (street, city, state, zip code) for each officer/director of the corporation should be provided. If located in a rural area, provide the road name or route number. This should not be the address of the corporation. This should be the address for each officer/director. Please use a separate sheet if additional space is needed.</p> |
| | <p>Other - The name, title, and complete address (street, city, state, and zip code) for each Individual, Business, County or State Government with ownership interest in the organization. If located in a rural area, show the road name or route number. Do not use the address of the organization. This should be the name for each individual with ownership interest. If the organization's owner(s) is a Business or County/State Government, enter the business name in the Organization/Company Name field. The corresponding address should be for the office where the business is located. Please use a separate sheet if additional space is needed.</p> |

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| 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> |