



Mine Identification Number 	Check Appropriate Box: Metal/Nonmetal Coal	Date: ____/____/____
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Operating Company Name _____

Mine/Plant Name _____

Mailing Address For Document Delivery (Same as on Legal Identity Form) _____

City _____ State _____ Zip Code _____

Contact Official _____ Title _____ Phone (____) _____

Nearest Town to Mine _____ State _____ County _____

Status Date: ____/____/____ Office Code | | | | | | County Code (FIPS) | | | | | |

Mine Type (Subunit):	(01) Underground	(06) Dredge
(03) Strip, Quarry, Pit, Dragline	(12) Other Mining	(17) Independent Shops & Yards
(04) Auger	(30) Prep Plant, Mill, Tipple	(05) Culm Bank, Refuse Pile

Metal/Nonmetal Mine Data

Status of Operation	<table border="1" style="border-collapse: collapse;"> <tr><td style="padding: 2px;">1</td><td style="padding: 2px;">2</td><td style="padding: 2px;">3</td><td style="padding: 2px;">4</td></tr> <tr><td style="padding: 2px;">F</td><td style="padding: 2px;">I</td><td style="padding: 2px;">N</td><td style="padding: 2px;">P</td></tr> </table>	1	2	3	4	F	I	N	P	SIC Code	Travel Area
1	2	3	4								
F	I	N	P								

Coal Mine Data

ADIB Use	<table border="1" style="border-collapse: collapse;"> <tr><td style="padding: 2px;">A</td><td style="padding: 2px;">B</td><td style="padding: 2px;">C</td><td style="padding: 2px;">D</td><td style="padding: 2px;">E</td><td style="padding: 2px;">F</td><td style="padding: 2px;">G</td></tr> <tr><td style="padding: 2px;">AA</td><td style="padding: 2px;">AD</td><td style="padding: 2px;">CF</td><td style="padding: 2px;">CG</td><td style="padding: 2px;">BA</td><td style="padding: 2px;">CB</td><td style="padding: 2px;">AB</td></tr> <tr><td style="padding: 2px;">AC</td><td style="padding: 2px;">BD</td><td style="padding: 2px;"></td><td style="padding: 2px;">CH</td><td style="padding: 2px;">BC</td><td style="padding: 2px;">BE</td><td style="padding: 2px;">BB</td></tr> </table>	A	B	C	D	E	F	G	AA	AD	CF	CG	BA	CB	AB	AC	BD		CH	BC	BE	BB	SIC Code	Work Group
A	B	C	D	E	F	G																		
AA	AD	CF	CG	BA	CB	AB																		
AC	BD		CH	BC	BE	BB																		

District/Field Office _____

Name of MSHA Employee Requesting Number _____

Office Telephone (____) _____ FAX Number (____) _____

FAX Verification

Coder Number: _____

FAX Number: (303) 231-5515	Attn. ADIB	Date: ____/____/____	Time: ____	Sender _____
FAX Number:	Attn.	Date: ____/____/____	Time: ____	Sender _____