



**15. The Individual(s) or Organization(s) with ownership interest in this Business or Corporate Officers/Directors are:**

a.	Last Name	First Name	MI										
	Title												
	Organization/Company Name												
	Street or P.O. Box Address												
	City										State		Zip Code
											-		
	Foreign Country										Foreign Zip Code		

  

b.	Last Name	First Name	MI										
	Title												
	Organization/Company Name												
	Street or P.O. Box Address												
	City										State		Zip Code
											-		
	Foreign Country										Foreign Zip Code		

Check box below if a separate sheet is attached for additional space.

**16. If Business is listed as Other, what are the names of Principal Organization Officials or Members?**

a.	Last Name	First Name	MI										
	Title												
	Street or P.O. Box Address												
	City										State		Zip Code
											-		
	Foreign Country										Foreign Zip Code		

  

b.	Last Name	First Name	MI										
	Title												
	Street or P.O. Box Address												
	City										State		Zip Code
											-		
	Foreign Country										Foreign Zip Code		

Check box below if a separate sheet is attached for additional space.

**17. If Business is a Corporation, please answer the following:**

a. State of Incorporation:        b. Is this Corporation a subsidiary?    Yes     No

c. If yes, what is the name and address of your Parent Corporation?

Name												
Street or P.O. Box Address												
City										State		Zip Code
										-		
Foreign Country										Foreign Zip Code		

d. Employer Identification Number for this Business (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.

Signature and Title of Official Completing Form	Date Form Completed



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a.	Last Name	First Name	MI										
	Title												
	Organization/Company Name												
	Street or P.O. Box Address												
	City										State		Zip Code
											-		
	Foreign Country										Foreign Zip Code		
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	Title												
	Organization/Company Name												
	Street or P.O. Box Address												
	City										State		Zip Code
											-		
	Foreign Country										Foreign Zip Code		
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	Title												
	Street or P.O. Box Address												
	City										State		Zip Code
											-		
	Foreign Country										Foreign Zip Code		
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	Title												
	Street or P.O. Box Address												
	City										State		Zip Code
											-		
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Name

Street or P.O. Box Address

City

State

Zip Code

Foreign Country

Foreign Zip Code

d. Employer Identification Number for this Business (EIN):  -

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	Street or P.O. Box Address													
	City													
											State	Zip Code		
											Foreign Country		Foreign Zip Code	

  

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	Title													
	Organization/Company Name													
	Street or P.O. Box Address													
	City													
											State	Zip Code		
											Foreign Country		Foreign Zip Code	

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	City														
											State	Zip Code			
											Foreign Country		Foreign Zip Code		

  

b.	Last Name	First Name	MI												
	Title														
	Street or P.O. Box Address														
	City														
											State	Zip Code			
											Foreign Country		Foreign Zip Code		

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c. If yes, what is the name and address of your Parent Corporation?

Name														
Street or P.O. Box Address														
City														
										State	Zip Code			
										Foreign Country		Foreign Zip Code		

d. Employer Identification Number for this Business (EIN): XXXXXXXXXX-XXXX

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Signature and Title of Official Completing Form	Date Form Completed



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	City										State		Zip Code
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	Title												
	Organization/Company Name												
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	City										State		Zip Code
											-		
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Signature and Title of Official Completing Form	Date Form Completed



## 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.

**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.

**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.

**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.

**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.

**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.

Item #13 **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.).

Item #14 **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.

Item #15 **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.

**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><b>Partnership</b> - 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><b>Corporation</b> - 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><b>Other</b> - 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>
<p>Item #16 <b>If Business is listed as Other, list the Principal Organization Officials or Members</b> - 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>
<p>Item #17 <b>If Business is a Corporation, please answer the following:</b></p>
<p><b>a. State of Incorporation</b> - The State abbreviation where the corporation was incorporated.</p>
<p><b>b. Is this Corporation a Subsidiary?</b> - Check the appropriate box (yes or no).</p>
<p><b>c. If yes, what is the name and address of your Parent Corporation?</b> - 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><b>d. Tax Identification Number for this Parent Corporation</b> - The Employer Identification Number (EIN) for the Parent Corporation. <b>Privacy Act Notice.</b> 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><b>Signature and Title of Official Completing Form</b> - 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><b>Date Form Completed</b> - 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>

# Legal Identity Report

# U.S. Department of Labor Mine Safety and Health Administration

This report is required by law (30 C.F.R. 41). Failure to report can result in assessment of a civil penalty. Knowingly making a false statement can result in criminal prosecution under Section 110 of the Federal Mine Safety and Health Act of 1977. This report should be prepared only by an official with full knowledge of ownership information. This report must be signed by the Official completing the form to be valid. Type or print in ink only. If more space is required in any section below, use a separate sheet. Instructions can be found on the reverse side.

Form Approved: OMB Number 1219-0008: Approval Expires February 28, 2005

5 C.F.R. 1320.21-Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project 1219-0008, Washington, D.C. 20503.

NOTE: You must mail this completed form to your local MSHA office. Questions about filing this form should be directed to the Office of Assessments, 202-693-9700.

**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.**

Initial Notice

Update Notice

Effective Date:

## MINE INFORMATION

1. Federal Mine Identification Number:

2. Mine Name:

3. Directions to this mine:

4. Mine location address:

Street Address

City

State

Zip Code

County

5. Official Business Name of Operator:

6. Principal Office Address for this Operator:

Street Address

City

State

Zip Code

7. Telephone number for this mine:

Area Code

Telephone Number

Extension

(In the Event of an Emergency)

8. Commodity:

Type of Product.

Type of Operation.

9. Person at Mine in Charge of Health and Safety: (Superintendent or Principal Officer)

Last Name

First Name

MI

Title

Street or P.O. Box Address

City

State

Zip Code

E-mail Address

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)

Last Name

First Name

MI

Title

Street or P.O. Box Address

City

State

Zip Code

E-mail Address

**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. ]

Last Name		First Name		MI	
Title					
Street Address					
City				State	Zip Code
Foreign Country				Foreign Zip Code	
P. O. Box Address					
City				State	Zip Code
Area Code	Telephone Number		Extension	E-mail Address	

**Ownership Information**

**12. This Official Business is a:** Sole Proprietorship  Partnership  Corporation  Other

**13. If Business is listed as Other, what is the type of Organization?** Type of Organization: Joint Venture, County Government, Limited Liability Company, etc.

**14. Tax Identification Number for this Business:** For individuals, this is your social security number (SSN). For other entities, this is your employer identification number (EIN).

SSN for Individuals:  -  -  EIN for Entities  -  -

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Last Name		First Name		MI	
Title					
Organization/Company Name					
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City				State	Zip Code
Foreign Country				Foreign Zip Code	

b.

Last Name		First Name		MI	
Title					
Organization/Company Name					
Street or P.O. Box Address					
City				State	Zip Code
Foreign Country				Foreign Zip Code	

c.

Last Name		First Name		MI	
Title					
Organization/Company Name					
Street or P.O. Box Address					
City				State	Zip Code
Foreign Country				Foreign Zip Code	

Last Name	First Name	MI
d.		
Title		
Organization/Company Name		
Street or P.O. Box Address		
City	State	Zip Code
Foreign Country	Foreign Zip Code	
		Check box below if a separate sheet is attached for additional space.
	<input type="checkbox"/>	<input type="checkbox"/>

**16. If Business is listed as Other, what are the names of Principal Organization Officials or Members?**

Last Name	First Name	MI
a.		
Title		
Street or P.O. Box Address		
City	State	Zip Code
Foreign Country	Foreign Zip Code	

Last Name	First Name	MI
b.		
Title		
Street or P.O. Box Address		
City	State	Zip Code
Foreign Country	Foreign Zip Code	

Last Name	First Name	MI
c.		
Title		
Street or P.O. Box Address		
City	State	Zip Code
Foreign Country	Foreign Zip Code	
		Check box below if a separate sheet is attached for additional space.
	<input type="checkbox"/>	<input type="checkbox"/>

**17. If Business is a Corporation, please answer the following:**

a. State of Incorporation: <input type="checkbox"/>	b. Is this Corporation a subsidiary? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. If yes, what is the name and address of your Parent Corporation?	
Name	
Street or P.O. Box Address	
City	State Zip Code
Foreign Country	Foreign Zip Code
d. Employer Identification Number for this Business (EIN): <input type="checkbox"/>	

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Signature and Title of Official Completing Form	Date Form Completed
<input type="checkbox"/>	<input type="checkbox"/>

### LID Form Revision History

Changes	Location on Form	Date	Requestor	Comments
Added required OMB statement: "MSHA will use the TIN for purposes...."	LID Instructions - 2nd paragraph	3/25/2003	Jane Tarr per OMB	Kathy Morgan emailed revised LID form to Jane Tarr 03/25/2003, for next printing
Added required OMB statement: "Persons are not required to respond...."	LID Instructions - 2nd paragraph	3/25/2003	Jane Tarr per OMB	
Changed OMB Number & Expiration Date to 1219-0042 - expires 10/31/2004	Top upper right of LID	10/14/2003	Jane Tarr per OMB	Kathy Morgan emailed revised LID form to Jane Tarr 10/14/2003, for next printing
Changed contact office/phone to Wilkes-Barre Assessment Center - 570-826-6431	Upper left portion of LID - 2nd paragraph	10/14/2003	Keith Watson	
Changed distribution copy name to Wilkes-Barre Assessment Center	Lower right-hand corder of LID	10/14/2003	Keith Watson	
Removed all green fill areas	Throughout entire LID	10/14/2003	Keith Watson	

[ ]