

Mine Operator Identification Request

Approved OMB No.: 1219-0042 / Expires: May 31, 2011

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



Mine Identification Number	Check Appropriate Box:	Date: ___/___/___
-	Metal/Nonmetal      Coal	

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	
	(04) Auger		(17) Independent Shops & Yards	
	(05) Culm Bank, Refuse Pile		(30) Prep Plant, Mill, Tipple	

**Metal/Nonmetal Mine Data**

Status of Operation	1	2	3	4	SIC Code [ ][ ][ ][ ][ ][ ]	Travel Area [ ][ ][ ][ ]
	F	I	N	P		

**Coal Mine Data**

ADIB Use Status of Operation	A	B	C	D	E	F	G	SIC Code [ ][ ][ ][ ][ ][ ]	Work Group [ ][ ][ ][ ]
	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 _____