



MSHA Forms and Online Filings

Form number:	MSHA Form 7000-52
Form name:	Contractor Identification (ID) Request
Description:	All independent contractors may apply for MSHA contractor identification numbers. This information is used to assist MSHA in obtaining MSHA identification numbers for independent contractors.
OMB Control Number and Expiration Date:	1219-0040; 3/31/2012
Filing Options:	Form 7000-52, Contractor ID Request can be filed online. File online
Contact Information:	Questions regarding this form should be directed to MSHA at (877) 778-6055 or MSHAhelpdesk@dol.gov
Privacy Notice:	Privacy Notice
Legal Authority:	30 CFR 45.3
Burden Statement:	Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is a voluntary collection of information (30 CFR 45.3). This information is used to assist independent contractors in obtaining permanent MSHA identification numbers. 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 (1219-0040), Washington, D.C. 20503. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

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- [Return to MSHA Online Forms Advisor Main Menu](#)

Contractor Identification Request
New ID's, Changes, Deletes

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



Contractor ID Number	Check Appropriate Box:	
-	Metal/Nonmetal Coal	Date: ___/___/___

Check Appropriate Box:

New ID
Address Change
Name Change (no ownership change)

Other Change (Specify) _____

Delete (Specify reason for deleting) _____

New ID (Ownership Changed) _____

- Specify Previous Company Name _____
- Specify Previous Contractor ID Number _____

Company/Trade Name _____

Business Address _____

City _____ State _____ Zip Code _____

Mailing Address (Document Delivery) _____

City _____ State _____ Zip Code _____

Company Contact Name _____ Title _____

Phone Number (____) _____

Mine ID Number | | | - | | | | | | or Multiple Operations

Contractor's estimated hours on mine property: _____ hours Job Quarter Year

Type of Work Performed (Specify) _____

District/Field Office _____

Name of MSHA Employee Requesting Number _____

Phone Number (____) _____ FAX Number (____) _____

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