

# Representation of Miners Designation Form

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



Approved OMB Control Number 1219-0042, is approved for use through May 31, 2011

Purpose: 30 CFR 40.3 authorizes a written declaration of any person or organization which represents two or more miners at a coal or other mine.  
Public reporting burden for this collection of information estimated to average 10 minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data need, and completing and reviewing the collection of information. Send comments regarding the collection of information, including suggestions for reducing this burden, to the Mine Safety & Health Administration, U.S. Department of Labor, Records Management Branch, 1100 Wilson Boulevard, Arlington, Virginia 22209-3939. Persons are not required to respond to this collection of information unless it displays a currently OMB Control Number. The DOL offers no pledge of confidentiality in association with these information collections unless Item 2 is checked and DOL will keep the miners' names and contact information confidential (Item 7) if Item 2 is checked. Section 103(f) and (g) of the Federal Mine Safety and Health Act, as amended, (30 U.S.C. § 813(f) and (g)) and 43 FR 29508, 29509. As a practical matter, the DOL would only release this information in accordance with provisions of the Freedom of Information Act (5 U.S.C. § 552); the Privacy Act (5 U.S.C. § 552a); and attendant regulations, 29 C.F.R. parts 70 and 71. Send comments regarding this burden estimate or any other aspect of this collection of information. Including suggestions for reducing this burden, to: **Records Management Branch, Mine Safety and Health Administration, 1100 Wilson Boulevard, Arlington, VA 22209-3939. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.** Instructions for this form contain further information on the need and use of this form. This is an optional form. **A false or representation is punishable under Section 110(a) and (f) of the Federal Mine Safety and Health Act, as amended (30 U.S.C. §820 (a) and (f)).**

Item 1:  Initial Filing  Update  Unknown

Item 2:  Confidential

Item 3: Designation Type:  Individual  Organization

Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Item 4: Mine Operator's or Contractor's Name \_\_\_\_\_  
Mine Address \_\_\_\_\_  
Mine MSHA ID No.: \_\_\_\_\_

Item 5: Scope of Designation:  The person or position named as the representative of miners is the representative for all purposes of the Act.  
 The representative's authority is limited to:  101 (c)  
 103 (c)  
 Other \_\_\_\_\_

Item 6: Additional or Alternate Representatives:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Item 7. Designated By: (Name of two or more miners who work at the mine)

\_\_\_\_\_  
1 - Name: \_\_\_\_\_ 2 - Name: \_\_\_\_\_  
\_\_\_\_\_  
1 - Telephone: \_\_\_\_\_ 2 - Telephone: \_\_\_\_\_

*I certify that I have been designated as representative by at least two miners who work at the mine. I certify that all information being filed is true and correct. A copy of this form has been delivered to the mine operator of the affected mine prior to or concurrently to the filing of this statement.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Instructions for Completing MSHA Form 2000-238

This form is a written declaration of any person or organization which represents two or more miners at a coal or other mine for the purposes of the Act. The use of this form is voluntary in complying with 30 C.F.R. § 40.3.

### **Item 1. Type of filing.**

Check the box "initial filing" if a mine operator has not had a miners' representative designated under 30 C.F.R. Part 40 or the appropriate information under Part 40 was not submitted to MSHA. For all other filings with MSHA concerning a miners' representative designation, check the "Updates" box. If the miners' representative is uncertain about the type of filing, check the box "Unknown." This box should be used sparingly.

### **Item 2. Confidential Designation.**

This item is completed only if the two miners who are designating the individual or entity as their miners' representative want their identities to remain confidential, i.e., an anonymous designation. Check the box if the miners want a confidential designation.

### **Item 3. Designation. (REQUIRED).**

This item must be completed. Provide the name and other information identified in Item 3 for the individual or the organization (and the title of the position of the representative in the organization) that the two miners have designated under Part 40.

### **Item 4. Mine Operator's or Contractor's Name and ID. (REQUIRED).**

The name of the mine operator or contractor is required to identify the mine that the miners have designated this representative for the purposes provided in the Federal Mine Safety and Health Act of 1977 (Mine Act). The MSHA assigned Mine ID or Contractor ID number must be filled in to verify that MSHA has the correct mine for this representative.

### **Item 5. Scope of Designation.**

Miners' representative may serve for all or selected purposes under the Mine Act. Check the appropriate box for the miners' representative designated in Item 3. If the section of the Mine Act is not identified, check the "other" box and fill in the information provided on the form.

### **Item 6. Additional or Alternate Representatives.**

Check the box if you are providing any additional or alternate representatives. If you are providing more than two, you may print out this form and add as many representatives on a supplemental page and mail the form to the appropriate Coal or Metal and Nonmetal Safety and Health District Manager.

### **Item 7. Designated By. (REQUIRED).**

Item 7 is required to be completed. If Item 2 is checked, then the information in Item 7 will be kept confidential.

### **Privacy Act Statement**

30 C.F.R. § 40.3 authorizes the collection of this information. This information will be used by MSHA inspectors to contact the miners' representative once the inspector is at the mine before conducting an inspection. This information also permits MSHA to verify that miners' representative was designated by two miners who work at the mine. This is very important for confidential or anonymous designations. Section 103(f) and (g) of the Mine Act, (30 U.S.C. § 813(f) and (g)) and 43 FR 29508, 29509. Submission of the items identified in the instructions as required is mandatory and failure to submit the required information may delay MSHA ability to verify the designation of the miners' representative and delay the miners' representative participating in inspection activities at the mine.