



Mine Safety and Health Administration
MSHA - Protecting Miners' Safety and Health Since 1978

Legal Identity Report (2000-7)

Step 1: Enter Mine Id > Step 2: Mine Information > Step 3: Health and Safety Contact > Step 4: Address of Record > Step 5: Ownership Information > Step 6: Summary

Step 1: Enter the Mine Id

*Mine ID

*Effective Date (mm/dd/yyyy)

This is the date any information contained in this submission should become effective.

Next >>

(* Required Fields)

[Cancel and return to menu](#)

Legal Identity Report (2000-7)

Step 1: Enter Mine Id > **Step 2: Mine Information** > Step 3: Health and Safety Contact > Step 4: Address of Record > Step 5: Ownership Information > Step 6: Summary

Step 2: Mine Information

You are requesting that all changes to this Legal ID form for the Mine 4609492 be made effective on 6/3/2014.

Mine Location Address

*Mine name

*Street Address
This address must be a street address

* City

* State

* County

* Zip Code

Operator Information

*Business Name

*Street Address
This address must be a street address

* City

* Country

* State

* Zip Code

Mine Phone # Ext

*Directions to Mine

Commodity

*Type of Product

*Type of Operation

<< Back Next >>

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Step 2: Mine Information

You are requesting that all changes to this Legal ID form for the Mine 4609492 be made effective on 6/3/2014.

Mine Location Address

*Mine name
*Street Address
This address must be a street address
* City
* State
* County
* Zip Code

Operator Information

*Business Name
*Street Address
This address must be a street address
* City
* Country
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Mine Phone # Ext

*Directions to Mine

Commodity

*Type of Product
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<< Back Next >>

(* Required Fields)

[Cancel and return to menu](#)



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Step 1: Enter Mine Id > Step 2: Mine Information > **Step 3: Health and Safety Contact** > Step 4: Address of Record > Step 5: Ownership Information > Step 6: Summary

Step 3: Enter the Mine Health and Safety Contact Information

Person at Mine in charge of Health and Safety (*Superintendent or Principal Officer*)

| | | | |
|---------------|----------------------|-------------------|--|
| * First Name | <input type="text"/> | * Street/P.O. Box | <input type="text"/> |
| Middle Name | <input type="text"/> | * City | <input type="text"/> |
| * Last Name | <input type="text"/> | * Country | USA <input type="text"/> |
| * Title | <input type="text"/> | * State | Select a state... <input type="text"/> |
| Email Address | <input type="text"/> | * Zip Code | <input type="text"/> |

Do you have a contact with 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*) ?

Yes No

(* Required Fields)

[Cancel and return to menu](#)



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Step 3: Enter the Mine Health and Safety Contact Information

Person at Mine in charge of Health and Safety (Superintendent or Principal Officer)

| | | | |
|---------------|--|-------------------|---|
| * First Name | <input type="text" value="Dennis"/> | * Street/P.O. Box | <input type="text" value="West Main Street"/> |
| Middle Name | <input type="text"/> | * City | <input type="text" value="Beckley"/> |
| * Last Name | <input type="text" value="Black"/> | * Country | <input type="text" value="USA"/> |
| * Title | <input type="text" value="Safety Engineer"/> | * State | <input type="text" value="West Virginia"/> |
| Email Address | <input type="text"/> | * Zip Code | <input type="text" value="25801"/> |

* Zip code is required

Do you have a contact with 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) ?

Yes No

* Please indicate if there is a contact for the Health and Safety at ALL of the mines.

<< Back Next >>

(* Required Fields)

Cancel and return to menu

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Step 3: Enter the Mine Health and Safety Contact Information

Person at Mine in charge of Health and Safety (*Superintendent or Principal Officer*)

| | | | |
|---------------|--|-------------------|---|
| * First Name | <input type="text" value="Dennis"/> | * Street/P.O. Box | <input type="text" value="West Main Street"/> |
| Middle Name | <input type="text"/> | * City | <input type="text" value="Beckley"/> |
| * Last Name | <input type="text" value="Black"/> | * Country | <input type="text" value="USA"/> |
| * Title | <input type="text" value="Safety Engineer"/> | * State | <input type="text" value="West Virginia"/> |
| Email Address | <input type="text"/> | * Zip Code | <input type="text" value="25801"/> |

Do you have a contact with 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*) ?

Yes No

[If the contact information below is the same as the Health and Safety Contact for the mine, check here.](#)

Person in Charge of Overall Health and Safety Program for all Mines (*Safety Director*)

| | | | |
|---------------|----------------------|-------------------|--|
| * First Name | <input type="text"/> | * Street/P.O. Box | <input type="text"/> |
| Middle Name | <input type="text"/> | * City | <input type="text"/> |
| * Last Name | <input type="text"/> | * Country | <input type="text" value="USA"/> |
| * Title | <input type="text"/> | * State | <input type="text" value="Select a state..."/> |
| Email Address | <input type="text"/> | * Zip Code | <input type="text"/> |

<< Back Next >>

(* Required Fields)

[Cancel and return to menu](#)

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Step 3: Enter the Mine Health and Safety Contact Information

Person at Mine in charge of Health and Safety (*Superintendent or Principal Officer*)

| | | | |
|---------------|--|-------------------|---|
| * First Name | <input type="text" value="Dennis"/> | * Street/P.O. Box | <input type="text" value="West Main Street"/> |
| Middle Name | <input type="text"/> | * City | <input type="text" value="Beckley"/> |
| * Last Name | <input type="text" value="Black"/> | * Country | <input type="text" value="USA"/> |
| * Title | <input type="text" value="Safety Engineer"/> | * State | <input type="text" value="West Virginia"/> |
| Email Address | <input type="text"/> | * Zip Code | <input type="text" value="25801"/> |

Do you have a contact with 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*) ?

Yes No

[If the contact information below is the same as the Health and Safety Contact for the mine, check here.](#)

Person in Charge of Overall Health and Safety Program for all Mines (*Safety Director*)

| | | | |
|---------------|---|-------------------|---|
| * First Name | <input type="text" value="Barbara"/> | * Street/P.O. Box | <input type="text" value="West Main Street"/> |
| Middle Name | <input type="text"/> | * City | <input type="text" value="Beckley"/> |
| * Last Name | <input type="text" value="Harvey"/> | * Country | <input type="text" value="USA"/> |
| * Title | <input type="text" value="Supervisor"/> | * State | <input type="text" value="West Virginia"/> |
| Email Address | <input type="text"/> | * Zip Code | <input type="text" value="25801"/> |

(* Required Fields)

[Cancel and return to menu](#)



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Step 1: Enter Mine Id > Step 2: Mine Information > Step 3: Health and Safety Contact > **Step 4: Address of Record** > Step 5: Ownership Information > Step 6: Summary

Step 4: Enter the Address of Record

Address and Person designated to receive Official Mail - Delivery of personal service documents to the operator will be by mail or personal delivery to this address.

| | | | |
|---------------|---|-------------------|--|
| * First Name | <input type="text"/> | * Street/P.O. Box | <input type="text" value="100 Rock Cliff Road"/> |
| Middle Name | <input type="text"/> | * City | <input type="text" value="Ruperts"/> |
| * Last Name | <input type="text"/> | * Country | <input type="text" value="USA"/> |
| * Title | <input type="text" value="Office Manager"/> | * State | <input type="text" value="West Virginia"/> |
| * Phone | <input type="text" value="304 111-3456"/> | * Zip Code | <input type="text" value="25984"/> |
| Ext. | <input type="text"/> | | |
| Email Address | <input type="text"/> | | |

(* Required Fields)

[Cancel and return to menu](#)



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Step 4: Enter the Address of Record

Address and Person designated to receive Official Mail - Delivery of personal service documents to the operator will be by mail or personal delivery to this address.

| | | | |
|---------------|---|-------------------|--|
| * First Name | <input type="text" value="Peter"/> | * Street/P.O. Box | <input type="text" value="100 Rock Cliff Road"/> |
| Middle Name | <input type="text"/> | * City | <input type="text" value="Ruperts"/> |
| * Last Name | <input type="text" value="Johnson"/> | * Country | <input type="text" value="USA"/> |
| * Title | <input type="text" value="Office Manager"/> | * State | <input type="text" value="West Virginia"/> |
| * Phone | <input type="text" value="304 111-3456"/> | * Zip Code | <input type="text" value="25984"/> |
| Ext. | <input type="text"/> | | |
| Email Address | <input type="text"/> | | |

<< Back Next >>

(* Required Fields)

[Cancel and return to menu](#)

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Print This Page | Sign Out

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Step 5: Enter the Ownership Information

This official business is a Sole Proprietorship

Does this Sole Proprietorship use a: Social Security Number (SSN) Employer Identification Number (EIN)

Social Security Number (SSN)

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 EIN.

<< Back | Next >>

(* Required Fields)

Cancel and return to menu



Legal Identity Report (2000-7)

Step 1: Enter Mine Id > Step 2: Mine Information > Step 3: Health and Safety Contact > Step 4: Address of Record > Step 5: Ownership Information > Step 6: Summary

Step 5: Enter the Ownership Information

Enter the information for the sole owner

| | | | |
|--------------|----------------------|-------------------|--|
| * First Name | <input type="text"/> | * Business Name | <input type="text"/> |
| Middle Name | <input type="text"/> | * Street/P.O. Box | <input type="text"/> |
| * Last Name | <input type="text"/> | * City | <input type="text"/> |
| * Title | <input type="text"/> | * Country | USA <input type="button" value="v"/> |
| | | * State | Select a state... <input type="button" value="v"/> |
| | | * Zip Code | <input type="text"/> |

<< Back Next >>

(* Required Fields)

[Cancel and return to menu](#)



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Step 5: Enter the Ownership Information

Enter the information for the sole owner

| | | | |
|--------------|--|-------------------|---|
| * First Name | <input type="text" value="Harold"/> | *Business Name | <input type="text" value="West Virginia Holdings"/> |
| Middle Name | <input type="text"/> | * Street/P.O. Box | <input type="text" value="123 State Street"/> |
| * Last Name | <input type="text" value="Johnson"/> | * City | <input type="text" value="Denver"/> |
| * Title | <input type="text" value="President"/> | * Country | <input type="text" value="USA"/> |
| | | * State | <input type="text" value="Colorado"/> |
| | | * Zip Code | <input type="text" value="80217"/> |

<< Back Next >>

(* Required Fields)

[Cancel and return to menu](#)



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Confirmation Information

Please review the information below before submitting. You are requesting that the information submitted become effective as of 6/3/2014

Mine Information Edit

| | |
|------------------------------------|--|
| Mine ID | 46-09492 |
| Mine Name | Rock Cliff |
| Mine Location Address | Main Street Beckley, WV 25801 |
| Mine Location County | Greenbrier |
| Directions to Mine | Turn right at First Street and left on Main Street |
| Phone Number of Mine | |
| Mine Operator Name | Rock Cliff Road Coal Mine |
| Mine Operator Address | West Main Street Beckley, WV 25801 |
| Type of Commodity (product) | Coal |
| Type of Operation | Underground |

Browser window showing a web page with the following content:

Mine Health and Safety Information [Edit](#)

Person at Mine in Charge of Health and Safety

| | |
|----------------------|---------------------------------------|
| Name | Dennis Black |
| Title | Safety Engineer |
| Email Address | |
| Address | West Main Street Beckley, WV 25801 |

Person at Mine in Charge of ALL Health and Safety

| | |
|----------------------|---------------------------------------|
| Name | Barbara Harvey |
| Title | Supervisor |
| Email Address | |
| Address | West Main Street Beckley, WV 25801 |

Address of Record [Edit](#)

| | |
|----------------------|--|
| Name | Peter Johnson |
| Title | Office Manager |
| Email Address | |
| Phone Number | (304) 111-3456 |
| Address | 100 Rock Cliff Road Ruperts, WV 25984 |

Ownership Information [Edit](#)

Type of Business Sole Proprietor
Social Security Number 135-73-1095

Individual with ownership interest

Name and Address

Harold Johnson (President)
123 State Street
Denver, CO 80217

Signature

LEGAL IDENTITY REPORT

I certify that the above is true and correct.

Signature of Official completing **Legal Identity Form**

(type name exactly as shown)

Kennard Ratliff

Title

Assistant Safety Director

Date

6/3/2014

Submit this form to MSHA

[Cancel and return to menu](#)

Legal Identity Report (2000-7)

Confirmation Information

The E-Document Number for this submission is # **2345741**. This number is your confirmation that MSHA has received your filing.

This form has been submitted to MSHA, district Mt. Hope, WV (C0400).

Please print a copy of this form for your records.

Mine Information

| | |
|------------------------------------|--|
| Mine ID | 46-09492 |
| Mine Name | Rock Cliff |
| Mine Location Address | Main Street Beckley, WV 25801 |
| Mine Location County | Greenbrier |
| Directions to Mine | Turn right at First Street and left on Main Street |
| Phone Number of Mine | |
| Mine Operator Name | Rock Cliff Road Coal Mine |
| Mine Operator Address | West Main Street Beckley, WV 25801 |
| Type of Commodity (product) | Coal |
| Type of Operation | Underground |

Browser window showing a web page with the following content:

Address bar: <http://lakdnettest.msha.dir.labor.gov:82/Egov/2000-7.aspx>

Page Title: **Mine Health and Safety Information**

Person at Mine in Charge of Health and Safety

| | |
|----------------------|---------------------------------------|
| Name | Dennis Black |
| Title | Safety Engineer |
| Email Address | |
| Address | West Main Street Beckley, WV 25801 |

Person at Mine in Charge of ALL Health and Safety

| | |
|----------------------|---------------------------------------|
| Name | Barbara Harvey |
| Title | Supervisor |
| Email Address | |
| Address | West Main Street Beckley, WV 25801 |

Address of Record

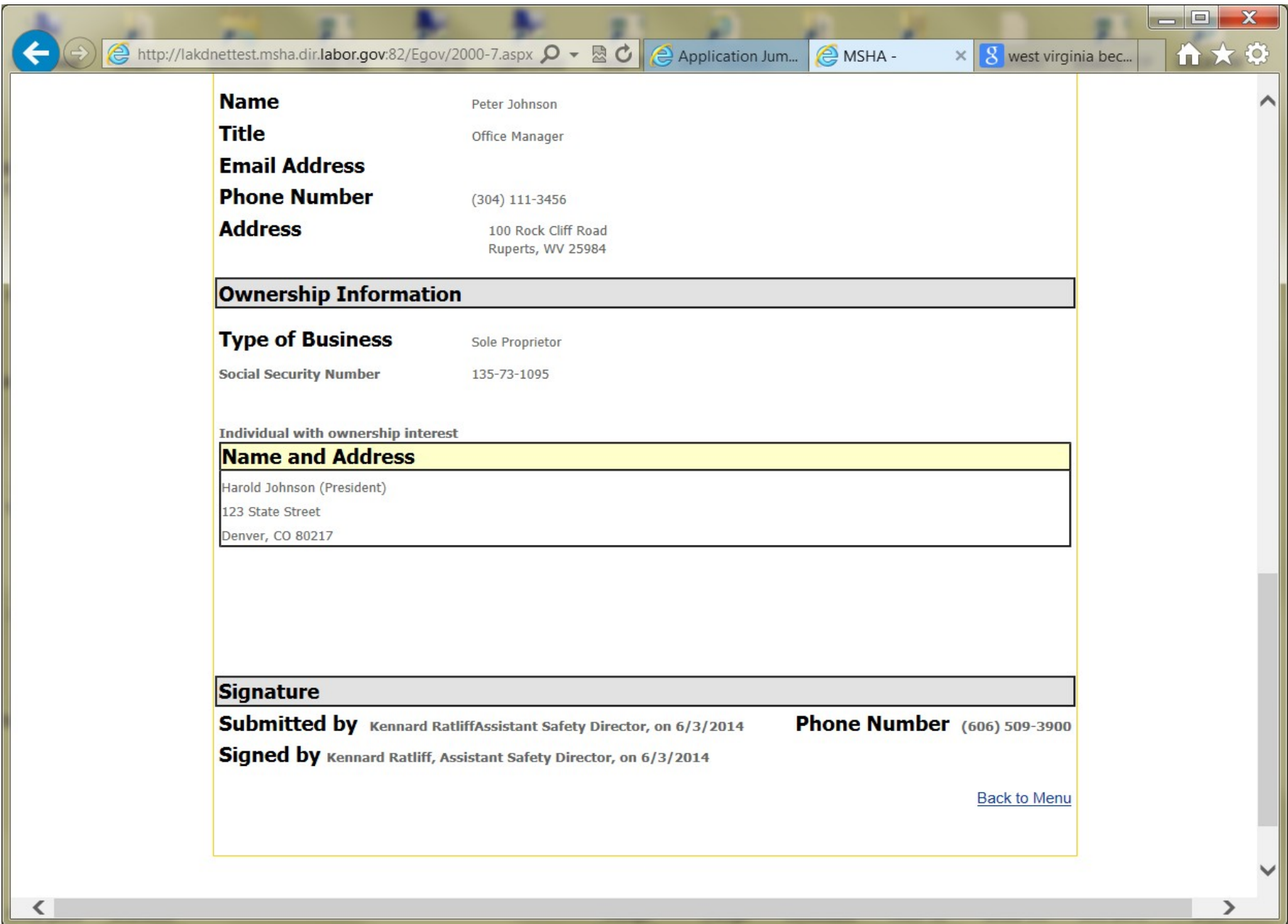
| | |
|----------------------|--|
| Name | Peter Johnson |
| Title | Office Manager |
| Email Address | |
| Phone Number | (304) 111-3456 |
| Address | 100 Rock Cliff Road Ruperts, WV 25984 |

Ownership Information

| | |
|-------------------------------|-----------------|
| Type of Business | Sole Proprietor |
| Social Security Number | 135-73-1095 |

Individual with ownership interest

Name and Address



Name Peter Johnson
Title Office Manager
Email Address
Phone Number (304) 111-3456
Address 100 Rock Cliff Road
 Ruperts, WV 25984

Ownership Information

Type of Business Sole Proprietor
Social Security Number 135-73-1095

Individual with ownership interest

Name and Address

Harold Johnson (President)
 123 State Street
 Denver, CO 80217

Signature

Submitted by Kennard Ratliff Assistant Safety Director, on 6/3/2014 **Phone Number** (606) 509-3900

Signed by Kennard Ratliff, Assistant Safety Director, on 6/3/2014

[Back to Menu](#)