



Mine Identification Number _____	Check Appropriate Box Metal/Nonmetal <input type="checkbox"/> Coal <input type="checkbox"/>	Date _____
----------------------------------	--	------------

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 <input type="checkbox"/>	(06) Dredge <input type="checkbox"/>	
	(03) Strip, Quarry, Pit, Dragline <input type="checkbox"/>	(12) Other Mining <input type="checkbox"/>	
	(04) Auger <input type="checkbox"/>	(17) Independent Shops & Yards <input type="checkbox"/>	
	(05) Culm Bank, Refuse Pile <input type="checkbox"/>	(30) Prep Plant, Mill, Tipple <input type="checkbox"/>	

**Metal/Nonmetal Mine Data**

Status of Operation \_\_\_\_\_ SIC Code \_\_\_\_\_ Travel Area \_\_\_\_\_

**Coal Mine Data**

ADIB Use Status of Operation	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">AA</td> <td style="padding: 2px;">AD</td> <td style="padding: 2px;">CF</td> <td style="padding: 2px;">CG</td> <td style="padding: 2px;">BA</td> <td style="padding: 2px;">CB</td> <td style="padding: 2px;">AB</td> </tr> <tr> <td style="padding: 2px;">AC</td> <td style="padding: 2px;">BD</td> <td style="padding: 2px;">CH</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>	AA	AD	CF	CG	BA	CB	AB	AC	BD	CH	BC	BE			SIC Code _____	Work Group _____
AA	AD	CF	CG	BA	CB	AB											
AC	BD	CH	BC	BE													

District/Field Office \_\_\_\_\_

Name of MSHA Employee Requesting Number \_\_\_\_\_

Office Telephone \_\_\_\_\_ FAX Number \_\_\_\_\_

**FAX Verification**

Coder Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Attn: ADIB Date \_\_\_\_\_ Time: \_\_\_\_\_ Sender \_\_\_\_\_

FAX Number: \_\_\_\_\_ Attn: \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_ Sender \_\_\_\_\_

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is mandatory. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Mine Safety & Health Administration, U.S. Department of Labor, Office of Standards, Regulations and Variances, 201 12th Street South, Suite 4E401., Arlington, VA 22202-5452, Paperwork Reduction Project (1219-0042). NOTE: Do not send your completed form to this address.  
 This form is affected by the Privacy Act of 1974