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Mine Safety and Health Administration

MSHA - Protecting Miners' Safety and Health Since 1978

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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.

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(* Required Fields)

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Mine Safety and Health Administration (MSHA) | 1100 Wilson Boulevard, 21st Floor Arlington, VA 22209-3939
www.msha.gov | Telephone: (202) 693-9400 | Fax-on-demand: (202) 693-9401

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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

Mine Phone # Ext

*Directions to Mine

Operator Information

*Business Name

*Street Address
This address must be a street address

* City

* Country

* State

* Zip Code

Commodity

*Type of Product

*Type of Operation

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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 Rock Cliff
*Street Address Main Street
This address must be a street address
* City Beckley
* State West Virginia
* County Greenbrier
* Zip Code 25801

Mine Phone # Ext

*Directions to Mine Turn right at First Street and left on Main Street

Operator Information

*Business Name Rock Cliff Road Coal Mine
*Street Address West Main Street
This address must be a street address
* City Beckley
* Country USA
* State West Virginia
* Zip Code 25801

Commodity

*Type of Product Coal
*Type of Operation Underground

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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		* Street/P.O. Box	
Middle Name		* City	
* Last Name		* Country	USA v
* Title		* State	Select a state... v
Email Address		* Zip Code	

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

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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	Dennis	* Street/P.O. Box	West Main Street
Middle Name		* City	Beckley
* Last Name	Black	* Country	USA
* Title	Safety Engineer	* State	West Virginia
Email Address		* Zip Code	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.

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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	Dennis	* Street/P.O. Box	West Main Street
Middle Name		* City	Beckley
* Last Name	Black	* Country	USA
* Title	Safety Engineer	* State	West Virginia
Email Address		* Zip Code	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		* Street/P.O. Box	
Middle Name		* City	
* Last Name		* Country	USA
* Title		* State	Select a state...
Email Address		* Zip Code	

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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	Dennis	* Street/P.O. Box	West Main Street
Middle Name		* City	Beckley
* Last Name	Black	* Country	USA
* Title	Safety Engineer	* State	West Virginia
Email Address		* Zip Code	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	Barbara	* Street/P.O. Box	West Main Street
Middle Name		* City	Beckley
* Last Name	Harvey	* Country	USA
* Title	Supervisor	* State	West Virginia
Email Address		* Zip Code	25801 x

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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 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		* Street/P.O. Box	100 Rock Cliff Road
Middle Name		* City	Ruperts
* Last Name		* Country	USA
* Title	Office Manager	* State	West Virginia
* Phone	304 111-3456	* Zip Code	25984
Ext.			
Email Address			

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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	Peter	* Street/P.O. Box	100 Rock Cliff Road
Middle Name		* City	Ruperts
* Last Name	Johnson	* Country	USA
* Title	Office Manager	* State	West Virginia
* Phone	304 111-3456	* Zip Code	25984
Ext.			
Email Address			

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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 5: Enter the Ownership Information

This official business is a

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.

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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 5: Enter the Ownership Information

Enter the information for the sole owner

* First Name		* Business Name	
Middle Name			
* Last Name		* Street/P.O. Box	
* Title		* City	
		* Country	USA v
		* State	Select a state... v
		* Zip Code	

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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 5: Enter the Ownership Information

Enter the information for the sole owner

* First Name
Middle Name
* Last Name
* Title

* Business Name
* Street/P.O. Box
* City
* Country
* State
* Zip Code

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Confirmation Information

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

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

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

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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

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	
-------------------------	--

← → http://lakdnettest.msha.dir.labor.gov:82/Egov/2000-7.aspx Application Jum... MSHA - west virginia bec...

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		

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