



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 style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">AA</td> <td style="border: 1px solid black; width: 20px; height: 20px;">AD</td> <td style="border: 1px solid black; width: 20px; height: 20px;">CF</td> <td style="border: 1px solid black; width: 20px; height: 20px;">CG</td> <td style="border: 1px solid black; width: 20px; height: 20px;">BA</td> <td style="border: 1px solid black; width: 20px; height: 20px;">CB</td> <td style="border: 1px solid black; width: 20px; height: 20px;">AB</td> </tr> <tr> <td style="border: 1px solid black;">AC</td> <td style="border: 1px solid black;">BD</td> <td style="border: 1px solid black;">CH</td> <td style="border: 1px solid black;">BC</td> <td style="border: 1px solid black;">BE</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></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