Legal Identity Report		U.S. Department of Labor Mine Safety and Health Administration			
This report is required by law (30 C.F.R. 41). Failure to report can result in assessment of a civil penalty. Knowingly making a false statement can result in criminal prosecution under Section 110 of the Federal Mine Safety and Health Act of 1977. This report should be prepared only by an official with full knowledge of ownership information. This report must be signed by the Official completing the form to be valid. Type or print in ink only. If more space is required in any section below, use a separate sheet. Instructions are on the reverse side of the last page.		to average 30 minutes per writen response including the time for reviewing instruction- and maintaining the data need, and compl information. Send comments regarding the	for this collection of information is estimated a and 20 minutes per electronic response, s, searching existing data sources, gathering eting and reviewing the collection of		
NOTE: You must mail copies 1 and 2 of this completed form to about filing this form should be directed to the Wilkes-Barre Asses		Department of Labor, Office of Standards, Regulations and Variances, 1100 Wilson Boulevard, Arlington, Virginia 22209-3939. Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number.			
ALL INFORMATION PREVIOUSLY SUBMITTED REMA FORM AFFECT OTHER MINE Initial Notice	S, A SEPARATE FORM MUST BE FIL Update Notice	NGES HAVE BEEN SUBMITTED. IF ED FOR EACH MINE IDENTIFICATION Effective Date: -	THE CHANGES PROVIDED ON THIS		
1. Federal Mine Identification Number:	Mine Informatio				
2. Mine Name:		·			
3. Directions to this mine:					
4. Mine location address:	Street Address City County	State Zip	Code		
5. Official Business Name of Operator:					
6. Principal Office Address for this Operator:	Street Address City		Code		
7. Telephone number for this mine:	Area Code Telephone Number	- Extension	(In the Event of an Emergency)		
8. Commodity:	Type of Operation.				
9. Person at Mine in Charge of Health and Safety: (Sup Last Name	erintendent or Principal Officer) First Name	MI			
Title					
Street or P.O. Box Address					
City		State Zip	Code		
E-mail Address					
10. Person with Overall Responsibility for a Health and of the Mine: (Safety Director) Last Name	I Safety Program at ALL of the Operat First Name	or's Mines, if the Operator is Not Dire	ectly Involved in the Daily Operation		
Title					
Street or P.O. Box Address					
City		State Zip	Code		
E-mail Address					
11. Address of Record and Telephone Number: [Address or personal service of the documents to this address. If P.O provided.] Last Name					
Title					
Street Address					
City		StateZip	Code		
Foreign Country		Foreign Zip Code			
P. O. Box Address					
City		StateZip	Code		
Area Code Telephone Number	Extension	E-mail Address			
└── ┴	Ownership Informa	ation			
12. This Official Business is a: 13. If Business is listed as Other, what is the type of		artnership Corporation bunty Government, Limited Liability Company			
Organization? 14. Tax Identification Number (TIN) for this Business: /		· · · · · · ·			
(EIN). SSN for Individuals:		EIN for Entities			
Privacy Act Notice. We are authorized to request this information			01, new subsection (c)(1), which mandates us		

15. The li	The Individual(s) or Organization(s) with ownership interest in this Business or Corporate Officers/Directors are:						
	Last Name MI						
a.	a.						
	Title						
	Organization/Company Name						
	Street or P.O. Box Address						
	City State Zip Code						
		-					
	Foreign Country Foreign Zip Code						
	Last Name First Name MI						
b.	b						
	Title						
	Organization/Company Name						
	Street or P.O. Box Address						
		(Check b	ox below			
	City State Zip Code			rate sheet ched for			
				al space.			
	Foreign Country Foreign Zip Code	\square					
16. If Bus	f Business is listed as Other, what are the names of Principal Organization Officials or Members?						
	Last Name First Name MI						
a.							
	Title						
	Street or P.O. Box Address						
	City State Zip Code						
		-					
	Foreign Country Foreign Zip Code						
	Last Name First Name MI						
b.							
	Title						
	Street or P.O. Box Address	<u> </u>	Check b	ox below			
		if	a sepa	rate sheet			
	City State Zip Code			al space.			
	Foreign Country Foreign Zip Code	-+	_				
17. If Bus	l f Business is a Corporation, please answer the following:		_1				
a.]	No				
C.							
	Name						
	Street or P.O. Box Address						
	City State Zip Code						
	Foreign Country Foreign Zip Code	-					
d.		(-) (1)					
	acy 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 (quire regulated entities and persons who are doing business with a Federal agency to furnish a TIN.	c)(1), w	nich me	ndates us			
Signature	ature and Title of Official Completing Form Date	Form C	omple	ted			
MSHA Form	MSHA Form 2000-7, A1 (Revised, Previous Editions are Obsolete) Copy 1 - MSHA Wilkes-Barre Assessment Center						
	SPO: 2000-509-451						