

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF MINE SAFETY

## FILE # \_\_\_\_\_

## MINE OPERATOR'S QUESTIONNAIRE

New Revised

Mine Phone Number: (	Bituminous	Anthracite	Industrial Minerals	
Permit Number:   Permit Number:	Please type original and on	e copy and send to:		
Name of Company (Permittee):  Office Address:  CITY STATE ZIP CODE  Office Phone Number: () FAX Number: () E-Mail Address:  Name of Mine:  Mine Address:  CITY STATE ZIP CODE  Contractor (If different than permittee)  Address:  CITY STATE ZIP CODE  CONTROLL (If different than permittee)  Address:  CITY STATE ZIP CODE  Phone Number: () FAX Number: ()  Mine Phone Number: () FAX Number: ()  Located in what County? Township:  Name of Manager: Cert. No.:  Name of Superintendent: Cert. No.:  Name of Mine Foreman: Cert. No.:  Name of Electrician: Cert. No.:  Number of Employees: Inside: Outside: Sthis a Corporation? Yes No If yes, please give names and titles of partners:  sthis a Partnership? Yes No If yes, please give name of the owner:  sthis owned by an Individual? Yes No If yes, please give name of the owner:  If any of the above information changes, a revised form must be submitted IMMEDIATELY.	Federal ID Number:			
Office Phone Number: () FAX Number: () E-Mail Address:  Name of Mine:  Mine Address:  CITY STATE ZIP CODE  CONTractor (If different than permittee)  Address:  CITY STATE ZIP CODE  CONTractor (If different than permittee)  Address:  Phone Number: () FAX Number: ()  Mine Phone Number: () FAX Number: ()  Located in what County? Township:  Name of Manager: Cert. No.:  Name of Superintendent: Cert. No.:  Name of Mine Foreman: Cert. No.:  Name of Electrician: Cert. No.:  Number of Employees: Inside: Outside:  Is this a Corporation? Yes No If yes, please give names and titles of officers:  Is this a Partnership? Yes No If yes, please give name of the owner:  Statis owned by an Individual? Yes No If yes, please give name of the owner:  Remarks: If any of the above information changes, a revised form must be submitted IMMEDIATELY.				
Office Phone Number: ( FAX Number: ( E-Mail Address: Name of Mine: Mine Address: STATE	Office Address:			
Office Phone Number: ( FAX Number: ( E-Mail Address: Name of Mine: Mine Address: STATE	CITY	OTATE	ZID CODE	
Name of Mine:  Mine Address:  City STATE ZIP CODE  Contractor (If different than permittee)  Address:  City STATE ZIP CODE  Phone Number: ( ) FAX Number: ( )  Mine Phone Number: ( ) FAX Number: ( )  Located in what County? Township:  Name of Manager: Cert. No.:  Name of Superintendent: Cert. No.:  Name of Mine Foreman: Cert. No.:  Name of Electrician: Cert. No.:  Statis a Corporation? Yes No If yes, please give names and titles of officers:  Is this a Partnership? Yes No If yes, please give name of the owner:  Statis of the above information changes, a revised form must be submitted IMMEDIATELY.				
Mine Address:  CITY  STATE  ZIP CODE  Contractor (If different than permittee)  Address:  CITY  STATE  ZIP CODE  Phone Number:  Phone Number:  (_)  Mine Phone Number:  (_)  Located in what County?  Township:  Name of Manager:  Cert. No.:  Name of Superintendent:  Cert. No.:  Name of Mine Foreman:  Cert. No.:  Name of Electrician:  Cert. No.:  Statis a Corporation?  Yes  No  If yes, please give names and titles of partners:  Is this a Partnership?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis owned by an Individual?  Yes  No  If yes, please give name of the owner:  Statis	·		-	
Contractor (If different than permittee)  Address:  CITY  STATE  ZIP CODE  Phone Number:  ()  Mine Phone Number:  ()  Located in what County?  Township:  Name of Manager:  Cert. No.:  Name of Superintendent:  Cert. No.:  Name of Electrician:  Cert. No.:  Name of Electrician:  Cert. No.:  State  ZIP CODE  Phone Number:  Cert. No.:  Name of Manager:  Cert. No.:  State  ZIP CODE  Phone Number:  Description  Township:  Cert. No.:  Cert. No.:  Cert. No.:  State  State  ZIP CODE  Phone Number:  Description  Township:  Cert. No.:  Cert. No.:  State  Cert. No.:  State  Cert. No.:  State  Cert. No.:  State  S				
Contractor (If different than permittee)  Address:  CITY  STATE  ZIP CODE  Phone Number:  (				
Address:    CITY   STATE   ZIP CODE			ZIP CODE	
Phone Number: ( ) FAX Number: ( )  Mine Phone Number: ( ) FAX Number: ( )  Located in what County? Township:  Name of Manager: Cert. No.:  Name of Superintendent: Cert. No.:  Name of Mine Foreman: Cert. No.:  Name of Electrician: Cert. No.:  Number of Employees: Inside: Outside: Cert. No.:  Is this a Corporation? Yes No If yes, please give names and titles of officers:  Is this a Partnership? Yes No If yes, please give name of the owner:  Is this owned by an Individual? Yes No If yes, please give name of the owner:  Remarks: If any of the above information changes, a revised form must be submitted IMMEDIATELY.	•			
Phone Number: () FAX Number: ()  Mine Phone Number: () FAX Number: ()  Located in what County? Township:  Name of Manager: Cert. No.:  Name of Superintendent: Cert. No.:  Name of Mine Foreman: Cert. No.:  Name of Electrician: Cert. No.:  Number of Employees: Inside: Outside:  Is this a Corporation? Yes No If yes, please give names and titles of officers:  Is this a Partnership? Yes No If yes, please give names and titles of partners:  Is this owned by an Individual? Yes No If yes, please give name of the owner:  Remarks: If any of the above information changes, a revised form must be submitted IMMEDIATELY.	Address.			
Mine Phone Number: (	CITY	STATE	ZIP CODE	
Located in what County?	Phone Number: (	FAX Number:	()	
Name of Manager: Cert. No.:	Mine Phone Number: (	FAX Number:	( )	
Name of Superintendent: Cert. No.:	Located in what County? _	Township:		
Name of Mine Foreman: Cert. No.:	Name of Manager:	Cert. No.:		
Name of Electrician: Cert. No.:	Name of Superintendent: _	Cert. No.:		
Name of Electrician: Cert. No.:	Name of Mine Foreman: _	Cert. No.:		
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s this a Partnership? Yes No If yes, please give names and titles of partners:	Number of Employees:	Inside: Outside:		
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Remarks:	Is this a Partnership?	Yes No If yes, please give names and titles of p	artners:	
If any of the above information changes, a revised form must be submitted <u>IMMEDIATELY.</u>	Is this owned by an Individu	ual? Yes No If yes, please give name of the	owner:	
<del></del>	Remarks:			
	If any of the above inform	nation changes, a revised form must be submitted <u>IMME</u>	DIATELY.	
Signed: Title:	Signed:			
Date:				

cc: Electrical Inspector

**District Mining Operations**