



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF MINE SAFETY

MINE OPERATOR'S QUESTIONNAIRE

New Revised

Bituminous Anthracite Industrial/Minerals

Please type original and one copy and send to: _____ District Number: _____

Federal ID Number: _____ State Mine Inspector Permit Number: _____

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

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.

Signed: _____ Title: _____ Date _____

cc: Electrical Inspector
District Mining Operations