

Independent Contractor Register

30 CFR 45.4

Mine Site _____ MSHA Legal ID# _____

Contractor Information

Contractor Trade Name or Company Name _____ MSHA Contractor ID#* _____

Business Address: _____

Business Physical Address (if different than above) _____

Telephone Number _____ Email Address _____

Nature of work to be performed _____

Location(s) at the mine where work will be performed _____

Supervisor or Lead On-Site Contact for Contractor Crew _____

Position _____ Telephone Number _____

Site Specific Training Completed

Part 46 Training Compliant

Insurance Documents On File Naming Company as "Additionally Insured"

**If Applicable*