

150 CSR 27

# Form 2

Shipper and Receiver Registration

**MAIL TO:**  
Public Service Commission of WV  
PO Box 812  
Charleston, WV 25323

*Please Print or Type the Requested Information Below*

## PARENT COMPANY INFORMATION

COMPANY NAME	
COMPANY ADDRESS (PO Box or Number and Street)	
CITY, STATE, ZIP CODE	
COMPANY PHONE NUMBER	COMPANY FAX NUMBER
COMPANY AGENT (List only ONE person.)	

## SITE INFORMATION

WV PERMIT NUMBER (MHS&T)		TAX ID	
TYPE: CHOSE ONLY ONE OF THE OPTIONS LISTED Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> Both <input type="checkbox"/>			
SITE NAME			
ADDRESS			
CITY, STATE, ZIP CODE		SITE PHONE NUMBER	
COUNTY	DOH DISTRICT	LATITUDE HR MIN SEC	LONGITUDE HR MIN SEC
DESCRIPTION OF LOCATION (Give detailed driving directions to site.)			

## SITE CONTACT INFORMATION- LIST ONLY ONE PERSON

NAME	TITLE
E-MAIL ADDRESS	
PHONE NUMBER	FAX NUMBER

## COAL REPORTING - SUPPLEMENTAL SITE INFORMATION

DAYS AND HOURS OF OPERATION

NUMBER OF TRUCKS YOU LOAD ON AN AVERAGE DAY

NUMBER OF TRUCKS YOU UNLOAD ON AN AVERAGE DAY

LIST SITES YOU SHIP COAL TO / RECEIVE COAL FROM ON A REGULAR BASIS

DO YOU CURRENTLY HAVE SCALES?

Yes  No

ARE YOUR SCALES COMPUTERIZED?

Yes  No

IF SCALES ARE COMPUTERIZED, WHO IS YOUR VENDOR?

CONTACT INFORMATION FOR VENDOR

DETAILS

ARE YOU CURRENTLY SET UP TO COLLECT DATA ELECTRONICALLY FOR INTERNAL PURPOSES?

Yes  No

DO YOU HAVE COMMUNICATION LINES TO YOUR SITE?

Yes  No

WHAT KIND OF COMMUNICATION LINES DO YOU CURRENTLY HAVE?

## WEB INFORMATION

DO YOU PLAN TO USE ON-LINE DATA ENTRY OR FILE TRANSFER?

Data Entry  File Transfer

**NOTE:** If you chose **Data Entry**, you must fill out the requested information below in its entirety.

**INTERNAL COORDINATOR** (Please list only ONE person. This person is to be used as a contact person to the PSC in order to request changes in users or password information, etc. A ONE WORD password will need to be listed below for this person to use when any requests are to be made. A web e-mail address will also need to be provided.)

NAME

PASSWORD

WEB E-MAIL ADDRESS

**USER INSTRUCTIONS:**

Please list each user's below. You may have up to 5 users. An account will be set up for each user listed.

1.

2.

3.

4.

5.

### **IMPORTANT, PLEASE READ**



Access to the entry screen will require a valid user id and password. If an employee who has had access to a user id and password for a site leaves the company, it is the company's responsibility to notify the PSC and have the password changed or the user id revoked.

## VERIFICATION

### **IMPORTANT, PLEASE READ AND SIGN**



To complete registration, verification must be signed and notarized.

I swear (or affirm) that this application has been prepared or examined by me, a legally responsible representative of the applicant, and to the best of my knowledge is true, correct and complete. Further, if I am a shipper of coal on the CRTS and elect to report weights based on estimates, I accept responsibility for administrative penalties if weights exceed legal limits and timely reports are not made to the Commission. I agree to provide the Commission with notice of changes in my reporting information as they occur.

AFFIANT \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF , \_\_\_\_\_  
20\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_ 20\_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

## **CHECKLIST- FORM 2**

THE FOLLOWING COPIES MUST BE ATTACHED TO THE APPLICATION:

1. WV BUSINESS LICENSE
2. WV CORPORATION PAPERS (ARTICLES OF INC.)
3. MHST # - COPY OF WV PERMIT
4. SIGNED AND NOTARIZED

**WITHOUT THESE COPIES**  
**YOUR APPLICATION WILL NOT BE PROCESSED**