

1. Identification of Permittee:

United States Department of the Interior OFFICE OF SURFACE MINING RECLAMATION AND ENFORCEMENT

APPLICATION FOR SELF-BOND

Attach additional page(s) as needed and reference the application form item number to which addition(s) apply. Financial data must be in U.S. Currency. NOTE: if the Parent Company of the Permittee is applying for Self-Bonding as a corporate Guarantor, the Guarantor must respond to all items on the application as the Applicant. If a non-parent corporation is applying as Guarantor under this application, the Guarantor must address all items on the application form and the Permittee must also complete an additional application to address all items except Item 7.

3. Ty		ntity Applying for Self-bonding or Applying as Guarantor:
	(i.e.,	Corporation, LLC, Joint Venture, Limited Partnership, Partnership, etc.)
	(a) C	Corporations:
	· / _	Address:
		Telephone No.:
		State of Incorporation:
		Principal Place of Business:
		Name, Title and Authority of person signing this application:
		Certification of Authority to do business in (State where operation located):
	(b) (OTHER forms of business enterprises:
	(-)	Address:
		Telephone:
		State of Formation:
		Principal Place of Business:
		Name, Title and Authority of person signing this application:
	(-)	Amount of Dand required in accordance with 20 CED \$900.14.
4.	(a)	Amount of Bond required in accordance with 30 CFR §800.14: \$

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(c)	Amount of this proposed self-bond plus all of your other outstanding, proposed, and guaranteed self-bonds for coal mining operations in the United States: \$		
(d)	Tangible Net Worth in the United States: \$		
within the las	scription and chronological history of those business operations of the applicant conducted at five (5) years that would demonstrate a continuous operation. If the applicant is a joint less than five (5) years, describe the chronological history and business operations of the ant ventures. List any past periods of interruption of the business operation and the reasons truption.		
	dited financial statements in conformance with U.S. Generally Accepted Accounting AAP) to include:		
(b) A (c) A of the	pplicant's Balance Sheet for the most recently completed fiscal year. pplicant's Income Statement for the most recently completed fiscal year. report for the most recently completed fiscal year containing the audit or review opinion audited financial statements with no adverse opinion by an independent certified public ntant. In-audited financial statements for all completed quarters in the current fiscal year.		
7. Indicate u for self-bond	nder which of the three criteria at 30 CFR §800.23(b)(3) the applicant is applying to qualify ing:		
30 CFR §800	.23(b)(3)(i); or		
30 CFR §800	.23(b)(3)(ii); or		
30 CFR §800	0.23(b)(3)(iii)		
(i) If applyin information:	g on the basis of the financial test at 30 CFR§ 800.23(b)(3)(i), provide the following		
a. Cu h Na	arrent bond rating of the most recent bond issuance of the applicant:		
c. Da	(Attach the bond rating service's written confirmation of current bond rating.) ate of issuance of the bond: ate of maturity of the bond:		
(ii) If applying information:	ng on the basis of the financial test at 30 CFR §800.23(b)(3)(ii), provide the following		
b. R	angible net worth: \$atio of Current Assets to Current Liabilities:atio of Total Liabilities to Net Worth:		

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(iii) If applying on the basis of the financial test at 30 information:	CFR \$800.23(b)(3)(iii), provide the following
a. Fixed Assets in the United States (excluding	
b. Ratio of Current Assets to Current Liabilitie	
c. Ratio of Total Liabilities to Net Worth:	
8. Registered agent for service of process (in the State	e where the permittee's operation is located):
Name ⁺ :	
Address: Telephone Number:	
relephone rvanicer.	
OSM will notify the permittee in writing of its determine bonding and whether OSM approves the self-bond. If Bond Number. Using this assigned number, several sepermittee and/or the Guarantor and approved by OSM Agreement (Permittee); an Indemnity Agreement (Permittee) (parent Guarantor) or Non-Parent Corporate Guarantee (Parent Guarantor)	approved for self-bonding, OSM will assign a Self- lf-bonding documents must be executed by the . These documents include a Self-Bond mittee and Guarantor) and a Corporate Guarantee
Provide the names and addresses of individuals who are	re to receive notice and the above forms from OSM:
For the Permittee:	
For the Guarantor:	
NOTES:	
 ** This plus all other outstanding and proposed self-be worth in the United States. + Any change in the registered agent must be filed in 	onds may not exceed 25% of an applicant's tangible net namediately with OSM.
State of)	
) SS	
County of)	
I(please print or to self-bond; I have read the application and fully know in the application to self-bond are true and correct to n	r type) am the applicant for the foregoing application we the contents thereof; and all statements contained my best knowledge and belief.
Dated and signed this day of	,
	BY:
(Corporate Seal)	TITLE:
	TITLE: (please print or type)
State of)	
) SS County of)	
County of	

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this, day of,	(Name of Principal	Signatory - please print or type)		
Witness my hand and official seal.				
	(Notary Public or	(Notary Public or other Authorized Officer)		
	(Title)	(Name printed or typed)		
	My Commission	My Commission Expires:		
Paperwork Reduction Act Notice				
We use the information required by this form to determate You must provide the requested information to obtain				
We use the information required by this form to deter. You must provide the requested information to obtain is a matter of public record. The time needed to complete this form and submit the We estimate that the average time will be 12 hours pe learning about the regulations, gathering and maintain comments concerning the accuracy of this estimate or Information Collection Clearance Officer, Office of S	requested information will vary dep response. This number includes the ing information, and completing and suggestions for simplifying the form	FR 842.16, the information collected ending on individual circumstances. e time spent reviewing instructions, I reviewing the form. If you have nor instructions, you may write to the		
is a matter of public record. The time needed to complete this form and submit the We estimate that the average time will be 12 hours pe	a benefit (a self-bond). Under 30 Control of the requested information will vary dependence. This number includes the ing information, and completing and suggestions for simplifying the formula of the required control of t	FR 842.16, the information collected rending on individual circumstances. The time spent reviewing instructions, a reviewing the form. If you have nor instructions, you may write to the prement, Room 202 SIB, 1951.		