



**Arizona State Mine Inspector
Identity Report
For Mine Operations**

State I.D. _____ MSHA ID# _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Emergency, Holiday or Weekend Phone Number: _____

Mine or Plant Name: _____

Location of Site: _____

Township: _____ Range: _____ Section: _____

Former Principle Officials:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

New Principle Officials:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____