



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 MISSOURI GEOLOGICAL SURVEY
 LAND RECLAMATION PROGRAM
COMPANY INFORMATION

Permit Name:	Permit Number:	Date:
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COMPANY INFORMATION – 10 CSR 40-10.020(2)(A)8

A. The applicant is a:
 Corporation Partnership Single Proprietorship Association LLC Other (Specify): _____
 The applicant must be registered with the Secretary of State in order to receive a permit from the Land Reclamation Program.

B. List the applicant and every person with the applicant in a management function responsible for compliance with sections 444.760 to 444.790 RSMo. The definition of “person associated with the applicant in a management function” means any proprietorship, subsidiary, corporation, sister corporation, successor corporation, or the applicant’s officers and directors if the applicant is a corporation, and includes all partners if the applicant is a partnership.

 As a practical guide, first consider who is “responsible for compliance.” Only list names of individuals or companies responsible for the applicant’s compliance. For ownership, list only an individual or company that holds 51% or more of the value of the applicant’s company and who is responsible for compliance.

NAME	TELEPHONE NUMBER WITH AREA CODE
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BUSINESS ALIAS (IF ANY)	MAILING ADDRESS
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CITY	STATE	ZIP CODE
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OWNER <input type="checkbox"/> Yes <input type="checkbox"/> No	PERCENT OWNER (OPTIONAL)	TITLE – SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF
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BEGINNING DATE OF TERM	ENDING DATE OF TERM
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NAME	TELEPHONE NUMBER WITH AREA CODE
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BUSINESS ALIAS (IF ANY)	MAILING ADDRESS
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CITY	STATE	ZIP CODE
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OWNER <input type="checkbox"/> Yes <input type="checkbox"/> No	PERCENT OWNER (OPTIONAL)	TITLE – SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF
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BEGINNING DATE OF TERM	ENDING DATE OF TERM
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To list additional individual(s) or company(ies) associated with the applicant, complete the information on Page two, Section I.

PERMIT INFORMATION – 10 CSR 40-10.020(2)(A)7

List every permit held by the applicant and any entity listed in: COMPANY INFORMATION. This means a permit issued only by the department’s Land Reclamation Program, including those that may have been revoked, suspended, expired, or bond released.

COMPANY NAME ON PERMIT	PERMIT NUMBER
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COMPANY NAME ON PERMIT	PERMIT NUMBER
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To list additional permits issued by the Land Reclamation Program, complete the information on Page two, Section II.

SIGNATURE REQUIRED

Note: This form is required with each new permit or when transferring an existing permit; if one has never been completed; or if there is a change in management positions.

By signing this form the applicant verifies all information contained in the form is correct, complete, and true to the best of the applicants’ knowledge.

SIGNATURE OF APPLICANT	TITLE	DATE
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Submit all forms to: Missouri Department of Natural Resources
 Land Reclamation Program
 PO Box 176
 Jefferson City, MO 65102-0176
 Phone: 573-751-4041
 Fax: 573-751-0534
 Website: dnr.mo.gov

FOR DEPARTMENT USE ONLY

APPROVED BY	DATE APPROVED	PERMIT NUMBER	EXPIRATION DATE
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Permit Name:	Permit Number:	Date:
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CONTINUED – SECTION I: COMPANY INFORMATION – 10 CSR 40-10.020(2)(A)8

NAME		TELEPHONE NUMBER WITH AREA CODE	
BUSINESS ALIAS (IF ANY)		MAILING ADDRESS	
CITY	STATE	ZIP CODE	
OWNER <input type="checkbox"/> Yes <input type="checkbox"/> No	PERCENT OWNER (OPTIONAL)	TITLE / POSITION – SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF	
BEGINNING DATE OF TERM		ENDING DATE OF TERM	

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CITY	STATE	ZIP CODE	
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CONTINUED – SECTION II: PERMIT INFORMATION – 10 CSR 40-10.020(2)(A)7

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APPROVED BY	DATE APPROVED	PERMIT NUMBER	EXPIRATION DATE