



MSHA PENALTY PAYMENT FORM

USDOL-Mine Safety and Health Administration
 Civil Penalty Compliance Office
 201 12th Street South, Suite 401
 Arlington, VA 22202-5452
 (202) 693-9700

To complete, refer to the notice of Proposed Assessment and Statement of Account received from MSHA, Office of Assessments, Accountability, Special Enforcement and investigations.

* Required

Payer Information

* Mine ID Violator ID
 * Violator Name
 * Address 1
 Address 2
 * City * State
 * Postal Code

Contact Information

* First Name * Last Name
(Enter name of person who can be contacted regarding questions about payment)
 * Contact Phone #
 Email Address
 Reenter Email Address

* Select Type(s) of Payment:

Statement Citation Docket

If paying more than one statement, enter each statement separately.
 Information to be completed on this form may be found on your billing statement/payment coupon.

Statement Payments

	Statement Number	Payment Amount
Payment 1		
Payment 2		
Payment 3		
Payment 4		
Payment 5		

Citation Payments

	Citation Number Suffix	Payment Amount
Payment 1		
Payment 2		
Payment 3		
Payment 4		
Payment 5		
Payment 6		
Payment 7		
Payment 8		
Payment 9		
Payment 10		

Docket Payments

Ex: Region FY Sequence Suffix
 WEST 2014-0111 SE 2013-0555D

Note: Payments for dockets without decisions will be put on reserve.

	Docket Number	Payment Amount
Payment 1		
Payment 2		
Payment 3		
Payment 4		
Payment 5		

Total Payment (Payment will appear on your statement with memo: MSHA Civil Penalties)

TOTAL PAYMENT AMOUNT

Payment will appear on your statement with memo: MSHA Civil Penalties