



Board of Mineral Mining Examiners
Fontaine Research Park
900 Natural Resources Drive
P.O. Box 3727
Charlottesville, VA 22903-0723
(434) 951-6310

Application For Certification Examination

Applicants for certification must complete this form and submit a \$10 fee for each exam. Type or print the application in ink and pay the fee with a certified check, cashier's check, or money order made payable to the Treasurer of Virginia. Cash will be accepted if paid in person. Submit the application and fee to the Board of Mineral Mining Examiners at least five working days prior to the date of examination.

1. Full Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

2. Address: \_\_\_\_\_
Street or P.O. Box City State Zip Code

3. Date of Birth: \_\_\_\_\_ Home Phone No.: ( ) \_\_\_\_\_
Month/Day/Year

4. Total years employed at a mineral mine: \_\_\_\_\_
Underground Surface

5. List your current (or most recent) mining experience:
Company Name: \_\_\_\_\_

Address: \_\_\_\_\_
Street or P.O. Box City State Zip Code

Job Title: \_\_\_\_\_ From : \_\_\_\_\_ To: \_\_\_\_\_
Month/Day/Year Month/Day/Year

6. I have attached a copy of my valid first aid card or MSHA Form 5000-23, the degrees to be used for credit toward the experience requirements , and payment for the exam.

7. Examination Requested (Check One):
[ ] Mine inspector (DMME employed) [ ] Mineral mining electrician [ ] Surface blaster
[ ] Surface foreman [ ] Surface foreman - open pit [ ] Underground foreman
[ ] Underground mining blaster

8. Exam requested at \_\_\_\_\_ on \_\_\_\_\_ (refer to exam schedule)
Location Date

I hereby certify that the above answers are true to the best of my knowledge and belief.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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### Verification of Work Experience Form

Complete a **separate form for each employer** to certify the experience requirements have been met and have it signed by a company official knowledgeable of your work history. Type or print the information in ink and submit it to the Board of Mineral Mining Examiners.

1. Full Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

2. Address: \_\_\_\_\_  
 Street or P.O. Box City State Zip Code

3. Employer/Company Name: \_\_\_\_\_ Mine Name: \_\_\_\_\_  
 VA Mine Permit Number: \_\_\_\_\_ Employer Phone #: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street or PO Box City State Zip Code

4a. Job Title: \_\_\_\_\_ From : 

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 To: 

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**Month/Day/Year** (Complete all 3 blanks) **Month/Day/Year** (Complete all 3 blanks)

Detailed description of mining-related job duties which are applicable to certification requested:

\_\_\_\_\_

4b. Job Title: \_\_\_\_\_ From : 

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 To: 

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**Month/Day/Year** (Complete all 3 blanks) **Month/Day/Year** (Complete all 3 blanks)

Detailed description of mining-related job duties which are applicable to certification requested:

\_\_\_\_\_

4c. Job Title: \_\_\_\_\_ From : 

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 To: 

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**Month/Day/Year** (Complete all 3 blanks) **Month/Day/Year** (Complete all 3 blanks)

Detailed description of mining-related job duties which are applicable to certification requested:

\_\_\_\_\_

5. I hereby certify that the information related to this applicant's experience as submitted on this form is correct.

\_\_\_\_\_  
 Signature of Company Official Print or Type Name Title Date



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Application For Renewal

Type or print this form in ink and complete the Verification of Work Experience form (DMM-BMME-2), listing work experience acquired since initial certification or renewal. Submit the \$10 fee in the form of a check, cashier's check, or money order made payable to the Treasurer of Virginia. Cash will be accepted if paid in person at a Division of Mineral Mining office. Submit to the Board of Mineral Mining Examiners so that it is received at least five working days prior to the date of examination or class.

1. Full Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Address: \_\_\_\_\_
Street or P.O. Box City State Zip Code

2. Certificate No.: \_\_\_\_\_ Certificate Expiration Date: \_\_\_\_\_

3. Requesting renewal as an:

- checkbox Mine inspector (DMME employed)
checkbox Surface foreman
checkbox Underground mining blaster
checkbox Mineral mining electrician
checkbox Surface foreman - open pit
checkbox Surface blaster
checkbox Underground foreman

4. Check the statement that applies to you:

- a. I have worked a cumulative minimum of 24 months in the last five years in the area for which I am currently certified and am requesting the examination or refresher class covering changes in regulations and laws.
b. I have not worked in the area for which I am certified for a total of 24 months in the last five years, so I am requesting the full examination (see 4 VAC 25-35-20 of certification requirements).
c. I have uncorrected violations (described in 6 below), so I am requesting the full examination (see 4 VAC 25-35-20 of certification requirements).

5. If you checked a (above), mark your choice for renewal: \_\_\_ examination \_\_\_ refresher course

6. Specific location \_\_\_\_\_ and date \_\_\_\_\_ (see enclosed schedule)

7. If you checked c (above), describe any uncorrected violations issued to you by DMME since you were certified.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

8. Attach a copy of your valid first aid certificate or card or MSHA Form 5000-23, first aid instructor certification, or journeyman card, as applicable to your certification, and the \$10 fee.

I hereby certify that the above answers are true to the best of my knowledge and belief.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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**Verification of Training Completed for General Mineral Miner (GMM) Certification**

Type or print this form in ink and submit it to the **Board of Mineral Mining Examiners** with a roster and \$10 processing fee in the form of a check or money order made payable to the **Treasurer of Virginia**. Cash will be accepted if paid in person at a Division of Mineral Mining Office.

1. Full Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Address: \_\_\_\_\_  
 Street or P.O. Box City State Zip Code

4. Home Phone No.: ( ) \_\_\_\_\_ Date of Employment: \_\_\_\_\_

5. VA Mine Permit Number: \_\_\_\_\_ Mine Phone No.: ( ) \_\_\_\_\_

6. Employer Company Name: \_\_\_\_\_ Mine Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street or P.O. Box City State Zip Code

7. Job title/description of job duties: \_\_\_\_\_

8. I received training in first aid, or I have attached a copy of my valid first aid card, and received training in Virginia's mineral mining law and regulations on \_\_\_\_\_  
 Date or Dates

**I hereby certify that the above answers are true to the best of my knowledge and belief.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of applicant for certification

**I hereby certify to the BMME that the training I provided to the applicant set forth above meets the requirements of Virginia Code § 45.1-161.292:28 B, 4 VAC 25-35-120 and the applicant has satisfactorily demonstrated to me the required knowledge of first aid practices, Mineral Mine Safety and Health Regulations, and the Mineral Mine Safety Laws of Virginia.**

Name printed and signed: \_\_\_\_\_  
 Certified foreman, certified MSHA instructor, or instructor approved by DMM to provide training

#: \_\_\_\_\_ Cert. #: \_\_\_\_\_

Commonwealth Of Virginia Division Of Mineral Mining	
Name Of Miner _____	
Social Security # _____	Date Of Certification _____
Classification: _____	
General Mineral Miner _____	Name Of Certified Instructor/Certified Forman _____
Certification # _____	