



Division of Mineral Mining
Fontaine Research Park
900 Natural Resources Drive, Suite 400
Charlottesville, VA 22903
434-951-6316

Verification of Work Experience Form

Type or complete this form in ink. **Complete a separate form for each employer** to certify the experience requirements have been met & have it signed by a company official knowledgeable of your work history. **Scan and attach to an online certification application or mail the completed & signed form to the Division of Mineral Mining.**

1. Full Name: _____ DMM ID: _____

2. Address: _____
Street or PO 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 that 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 that are applicable to certification requested:

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