



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

Application for Renewal

You may apply for renewal online at https://www.dmme.virginia.gov/DMM/divisionmineralmining.shtml or complete this form for each certification you want to renew. Type or complete the form in ink. Include a check or money order for \$10 made payable to the Treasurer of Virginia. Cash is accepted if paid in person at DMM's Charlottesville office (DO NOT MAIL CASH). You may also pay the fee with a credit card by calling the DMM office. The application and non-refundable fee must be received by DMM at least five working days prior to the date of the renewal class or examination.

1. Full Name: _____ DMM ID: _____

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

2. Home Phone: () Work Phone: ()

3. Certificate No.: _____ Expiration Date: _____ Date of Birth: _____

4. Requesting to renew the following certifications (Check all that apply):

- Surface Foreman Surface Foreman - Open Pit Surface blaster
Mineral Mining Electrician Underground Foreman Underground Blaster
Mine Inspector (DMME employee only)

5. 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 and other important information.
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 8 below), so I am requesting the full examination (see 4 VAC 25-35-20 of certification requirements).

6. If you checked a (above), mark your choice for renewal: _____ examination _____ refresher course

7. Specific location _____ and date _____ (see enclosed schedule)

8. If you checked c (in #5 above), describe any uncorrected violations issued to you by DMME since you were certified.

9. Attach a copy of your Verification of Work Experience form (DMM-BMME-2) and valid first aid certificate/card, as applicable to your certification, and the \$10 fee (if paying by check or money order).

10. E-Mail Address: _____

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

Signed: _____ Date: _____