



MINERAL MINING PROGRAM
 FOUNTAINE RESEARCH PARK
 900 NATURAL RESOURCES DRIVE
 SUITE 400
 CHARLOTTESVILLE, VA 22903
 (540) 910-5422

Application for Certification Examination

Applicants for certification may apply online at <https://energy.virginia.gov/mineral-mining/mineralmining.shtml> or complete and submit this form with a \$10 non-refundable fee for each exam. Type or complete the form in ink. Include a check or money order made payable to the **Treasurer of Virginia**. Cash is accepted if paid in person at Mineral Mining Program’s Charlottesville office (DO NOT MAIL CASH). You may also pay the fee with a credit card by calling the Mineral Mining Program’s office. The application and fee must be received by **Mineral Mining Program** at least **five working days** prior to the examination date.

1. Full Name: _____ MM ID _____

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

3. Date of Birth: _____ Phone #: () _____
 Month/Day/Year

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

5. List your current employer:
 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, the degrees to be used for credit toward the experience requirements, and payment for the exam.

7. Certification Examination Requested (Check one of the following):
- Surface Foreman (*for a person whose duties may include overseeing drilling and blasting activities or areas where blasting hazards occur*)
 - Surface Foreman – Open Pit [*for a person whose duties **will not** include overseeing areas where blasting activities or hazards may occur (e.g., sand and gravel mine)*]
 - Surface Blaster
 - Underground Foreman
 - Underground Blaster
 - Mine Inspector (Dept. employee)
 - Mineral Mining Electrician

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

9. E-Mail Address: _____

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

Signed: _____ Date: _____