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

Application for Certification Examination

Applicants for certification may apply online at https://www.dmme.virginia.gov/DMM/divisionmineralmining.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 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 fee must be received by **DMM** at least **five working days** prior to the examination date.

1. Full Name: _____ DMM 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 occur (e.g., sand and gravel mine)*]

❑ Surface Blaster ❑ Underground Foreman ❑ Underground Blaster

❑ Mine Inspector (DMME 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: _____