Application for Certification Examination

Applicants for certification may apply online at [https://www.dmme.virginia.gov/DMM/mineralmining.shtml](https://www.dmme.virginia.gov/DMM/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 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 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 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: __________________________

DMM-BMME-1 (Revised 09/21)