



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

**Application for Renewal**

You may apply for renewal online at <https://energy.virginia.gov/mineral-mining/mineralmining.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 the Mineral Mining Program's Charlottesville office (DO NOT MAIL CASH). You may also pay the fee with a credit card by calling the office. The application and non-refundable fee must be received by **Mineral Mining Program** at least **five working days** prior to the date of the renewal class or examination.

1. Full Name: \_\_\_\_\_ MM 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 (Dept. 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 training 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: \_\_\_\_\_