



**MINERAL MINING PROGRAM**  
900 NATURAL RESOURCES DRIVE, SUITE 400  
CHARLOTTESVILLE, VA 22903  
(434) 996-5910

**REQUEST FOR AMENDMENT**

**Company Name:** \_\_\_\_\_ **Permit No.:** \_\_\_\_\_

**Operating Official:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**An Amendment Is Requested to This Permit As Listed Below:**

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**List of Attached Items:**

**Operator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Inspector's Comments/Recommendations:**

**Inspector's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**Sent Back for Revision and/or Additions As Indicated On Attached Letter.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Amendment:**             **Approved**                     **Disapproved**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_