



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

MINERAL MINING ANNUAL REPORT FOR CONTRACTORS

REPORT FOR CALENDAR YEAR _____

1. CONTRACTOR NAME _____

2. DMM CONTRACTOR IDENTIFICATION NO. _____

3. TOTAL # OF EMPLOYEES THAT WORKED AT MINERAL MINE SITES _____

MINE COMPANY NAME	DMM PERMIT NUMBER	NUMBER WORKERS	HOURS WORKED	TOTAL WAGES *

*Must be completed for sites where the total wages exceed \$1,000. Do not include materials.

REPORT REQUIRED BY LAW - [§ 45.2-1129\(B\)](#) of the Code of Virginia requires this form to be filled out and returned to this office by the 15th day of February each year. **Contractors that fail to submit annual reports will be subject to a closure order.**

I, the undersigned, hereby certify that all information provided on this report is true and accurate to the best of my knowledge and belief. I further certify that all occupational injuries involving contractor employees occurring on mine sites have been reported for this calendar year.

SIGNED _____ TITLE _____ DATE _____
 PRINT NAME _____
 EMAIL _____