



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

### Application for Renewal

To apply to renew your DMM certification you must complete this form and pay a \$10 non-refundable fee for each certification. 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 date of the renewal class or examination.

1. Full Name: \_\_\_\_\_ DMM 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 (DMME 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 enclosed 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).

**I hereby certify that the above answers are true and accurate to the best of my knowledge.**  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_