



Division of Mineral Mining
900 Natural Resources Drive, Suite 400
Charlottesville, VA 22903
(434) 951-6310

REQUEST FOR AMENDMENT

Company Name: _____ **Permit No.:** _____

Operating Official: _____ **Title:** _____

An Amendment Is Requested to This Permit As Listed Below:

List of Attached Items:

Operator's Signature: _____ **Date:** _____

Inspector's Comments/Recommendations:

Inspector's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

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

Signature: _____ **Date:** _____

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

Signature: _____ **Date:** _____