



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

### Verification of Work Experience Form

Type or complete this form in ink. **Complete a separate form for each employer** to certify the experience requirements have been met & have it signed by a company official knowledgeable of your work history. **Scan and attach to an online certification application or mail the completed & signed form to the Division of Mineral Mining.**

1. Full Name: \_\_\_\_\_ DMM ID: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street or PO Box City State Zip Code

3. Employer/Company Name: \_\_\_\_\_ Mine Name: \_\_\_\_\_

VA Mine Permit Number: \_\_\_\_\_ Employer Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street or PO Box City State Zip Code

4a. Job Title: \_\_\_\_\_ From : 

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 To: 

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Month/Day/Year (Complete all 3 blanks) Month/Day/Year (Complete all 3 blanks)

Detailed description of mining-related job duties that are applicable to certification requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4b. Job Title: \_\_\_\_\_ From : 

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 To: 

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Month/Day/Year (Complete all 3 blanks) Month/Day/Year (Complete all 3 blanks)

Detailed description of mining-related job duties that are applicable to certification requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that the information related to this applicant's experience as submitted on this form is correct.**

\_\_\_\_\_  
Signature of Company Official Print or Type Name Title Date