



MINERAL MINING PROGRAM
FOUNTAIN RESEARCH PARK
900 NATURAL RESOURCES DRIVE
SUITE 400
CHARLOTTESVILLE, VA 22903
(540) 910-5422

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 Mineral Mining Program.**

1. Full Name: _____ MM 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 **Month/Day/Year**
(Complete all 3 blanks) (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 **Month/Day/Year**
(Complete all 3 blanks) (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