DIVISION OF MINERAL MINING
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 _____