



## MINERAL MANAGEMENT RECERTIFICATION FORM

Name: _____ <i>(Please print)</i>	Email: _____ <i>(Please print)</i>	
Mailing Address: _____		
City   ST   ZIP : _____		
Phone: (____) _____	Cell: (____) _____	Fax: (____) _____
NARO Membership Number: _____ (if known)		
Anniversary Date of Certification (if known): _____		
Level of certification: __ RMM __ CMM		

**Please sign, date, and return this form to:**

[registrar@naro-us.org](mailto:registrar@naro-us.org)

**The Mineral Management Recertification fee is \$100.00**

**Once it has been determined that you are qualified to recertify, you will be contacted for payment information**

**I certify I am a NARO Member in good standing and I have submitted Affidavits of Attendance to the program registrar per the Mineral Management Program's Policies and Procedures which equal or exceeds the program requirements.**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

### OFFICE USE ONLY

Annual NARO Membership verified: \_\_\_\_\_ (years) Recertification fee paid: \_\_\_\_\_ (date)  
Education Credits verified: \_\_\_\_\_ (date) Number of Credits: \_\_\_\_\_  
Recertification Expires: \_\_\_\_\_ (date) Date Approved: \_\_\_\_\_  
Approved Certification Committee by: \_\_\_\_\_