

**Notification of Right to Appeal
To The Department of Mines, Minerals, and Energy**

I, _____, wish to contest the
(Individual, Contractor or Agent)

issuance of a Notice of Violation, Number _____, issued at
(NOV #)

(Company Name and/or Contractor Name)

Mine Index/Contractor Number _____, on _____, 20_____,
(Date)

by _____, received by me on _____, 20_____.
(DM Inspector) (Date)

I HAVE REVIEWED THE RIGHT TO APPEAL UNDER 45.1-161.90 D OF THE MINE SAFETY ACT OF VIRGINIA, AND UNDERSTAND THAT THIS NOTICE OF THE RIGHT TO APPEAL MUST BE RECEIVED BY THE DEPARTMENT WITHIN TWENTY (20) DAYS UPON RECEIPT OF THE NOTICE OF VIOLATION.

I AM HEREBY NOTIFYING THE DEPARTMENT THAT I WISH TO CONTEST THE ISSUANCE OF THE NOTICE OF VIOLATION STATED ABOVE.

SIGNATURE: _____ **DATE:** _____

ADDRESS: _____

TELEPHONE NUMBER: _____

Upon completion return to: Department of Mines, Minerals and Energy
P. O. Drawer 900
Big Stone Gap, Virginia 24219