COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINED LAND RECLAMATION
P. O. DRAWER 900; BIG STONE GAP, VA 24219
TELEPHONE: (276) 523-8100

REQUEST FOR PMU* RELINQUISHMENT

As the duly authorized representative of _____
Permittee**

I hereby relinquish the Permittee's rights under Coal Surface Mining Operation (CSMO)

Permit Number _____ for _____ acres of PMU in the

_____ Seam (see the PMU Relinquishment Map)

Upon the Division of Mined Land Reclamation's approval, this acreage will be permitted

to _____ Permit Number _____

Print Name	**Title/Position****
Signature	**Date**

NOTARIZATION
Subscribed and affirmed/sworn to before me by _____

this _____ day of _____ ,in the State of _____

in the City/County of _____

Notary Public Name (printed or typed)	**Notary Public Signature**

My Commission expire _____ Registration No. _____

[1] **Pursuant to §47.1-15(3) of the Code of Virginia, as amended, the notarial certificate wording must be contained on the same page as the signature being notarized**.
***PMU—Proposed Underground Mining Area**
**** If the person signing this certification is not listed under Item 1.6 of the "Application for Coal Surface Mining and Reclamation Operations – Permittee Information" (DMLR-PT-034p), attach a copy of the Power of Attorney, or Resolution of Board of Directors that allows the person to act on behalf of the Permit Applicant.**