



INTERNATIONAL INSTITUTE OF MINERALS APPRAISERS

(A Non-Profit Professional Organization)

CERTIFIED MINERALS APPRAISER APPLICATION

Please submit this completed Application with all Supporting Materials electronically to: IIMAEExecutiveCommittee@gmail.com

Application Fee & Annual Dues: \$225.00

Please remit payment and any printed application materials to:

International Institute of Minerals Appraisers
 P.O. Box 3274
 Boulder, Colorado, USA 80307

Name: First: _____ Middle: _____ Last: _____

Name of Employer: _____

Nature of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Self-Employed Yes No Date of Birth: _____

Preferred Mailing Address: Residence Business

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

Please list any registrations, licenses, certifications, etc., issued by any professional society, association or state that you presently hold and wish to be considered.

Title of Registration/Certification	Certification Number	Issuing Organization	Date Issued

IIMA

P.O. Box 3274, Boulder, Colorado, USA 80307

Website: www.mineralsappraisers.org

College or University: Additional information on academic experience, including thesis title and abstract if appropriate, and teaching may be outlined on an appended sheet. Please submit a copy of your thesis if you intend to receive credit toward experience in appraisal of minerals (append additional sheets as needed).

Name and Location of Institution	Attendance		Major Field	Date of Graduation	Degree Received
	From	To			

University courses related to appraisal of minerals (append additional sheets as needed).

Course Name & Number	Institution	Description	Year Taken

Short courses related to appraisal of minerals. Please include the course completed to satisfy the requirement of standards training and compliance such as the 15-Hour USPAP course or equivalent. Append additional sheets as needed.

Course	Sponsor	Description	Duration

Please summarize the applicant's professional minerals appraisal employment experience beginning with most recent. Please use the Experience Record Sheet on page seven of this application to provide a complete description of the applicant's employment history.

Employer	Address/Location	Years/Months

Please list the title of major publications or reports (attach a complete list) and send electronically to IIMAExecutiveCommitee@gmail.com. If mailing the Application package, please send to the address in the footer of this application. If sending by mail, please include reprints of three (3) representative publications you would like considered by the Committee. If you do not have any published work, please submit at least three (3) and up to five (5) written appraisal reports, fully redacted to the Applicant's requirements. Credit will only be issued for reports signed by the applicant. In reports where the applicant has made significant contributions, these contributions must be specifically addressed with a description of the assistance provided.

I wish to have my publications returned to me after the review process. Yes No

Title	When and Where Published

Current membership in professional societies. Include membership grade and offices held (append additional sheets as needed).

SPONSORS

List the names and addresses of at least three minerals' appraisers as Sponsors, who can attest to your professional qualifications and ethics, based on their own knowledge. One of the sponsors must be a member of the International Institute of Minerals Appraisers. Not more than one sponsor may work in your immediate office. Please direct each sponsor to complete and submit a **Sponsor Recommendation Form** directly to: **IIMAEExecutiveCommittee@gmail.com**.

Alternatively, a printed Sponsor Recommendation Form may be mailed to the current IIMA mailing address indicated in the footer below:

Sponsor's Name:

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

Sponsor's Name:

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

Sponsor's Name:

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

