



# INTERNATIONAL INSTITUTE OF MINERALS APPRAISERS

(A Non-Profit Professional Organization)

## CERTIFIED MINERALS APPRAISER APPLICATION

**Application & Annual Dues \$190.00**

**Submit Application and Remittance to:**

International Institute of Minerals Appraisers  
P.O. Box 19529  
Boulder, Colorado, USA 90301

Name:  First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Self-Employed  Yes  No Date of Birth: \_\_\_\_\_

Preferred Mailing Address: Residence  Business

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Following is the format for our associate's directory. Please fill in the form with the information you wish to appear in the online directory:

First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Accreditations: \_\_ , \_\_

Business Name (Optional): \_\_\_\_\_

Address of Your Choice: \_\_\_\_\_

City, State, Country, Zip Code: \_\_\_\_\_

Email of Your Choice: \_\_\_\_\_

List registration license, certification, etc, issued by any professional society, association or state that you presently hold.

Title of Registration/Certification	Certification Number	Issuing Organization	Date Issued

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.

Name and Location of Institution	Attendance		Major Field	Credits in Major Field Sem. Qtr.	Date of Graduation	Degree Received
	From	To				
Thesis Title:						

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

Course Name & Number	Institution	Description	Year Taken

Short courses related to appraisal of minerals (append additional sheets if needed).

Course	Sponsor	Description	Duration In Days

Summary of professional minerals appraisal employment experience beginning with most recent. Use Experience Record Sheet for complete description of employment history.

No	No. Of Years	Employer	Address
1			
2			
3			
4			
5			
6			





### 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:

International Institute of Minerals Appraisers  
c/o David Shelter, Secretary  
Black River, Ltd.  
McCombs Plaza, 755 E. Mulberry, Suite 200  
San Antonio, Texas, USA 78212  
Email: [jds2@bentrockoil.com](mailto:jds2@bentrockoil.com)

Name:  First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name:  First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name:  First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### EXPERIENCE RECORD

Describe each employment in reverse chronological order, beginning with your present engagement in the practice of appraisal of minerals. Summarize each, but provide sufficient detail to signify the degree of your responsibility, the levels of your initiative, and the nature of the appraisals you have been required to make. **This form must be completed** and any additional sheets may be used, as necessary, to describe your complete experience record.

Dates of Employment: \_\_\_\_\_  
From To Total Months

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Number/Street City State/Zip

Telephone Number: \_\_\_\_\_

Exact Title of Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Description of responsibility:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From To Total Months

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Number/Street City State/Zip

Telephone Number: \_\_\_\_\_

Exact Title of Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Description of responsibility:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From To Total Months

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Number/Street City State/Zip

Telephone Number: \_\_\_\_\_

Exact Title of Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Description of responsibility:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From To Total Months

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Number/Street City State/Zip

Telephone Number: \_\_\_\_\_

Exact Title of Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Description of responsibility:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby apply for Certification by the International Institute of Minerals Appraisers and I certify that the above information is correct. Further, I acknowledge that I have received and read the Bylaws and Code of Ethics of the International Institute of Minerals Appraisers. If I am certified by the Institute, I herewith pledge to abide by the Bylaws and Code of Ethics of the International Institute of Minerals Appraisers.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_