



INTERNATIONAL INSTITUTE OF MINERALS APPRAISERS

(A Non-Profit Professional Organization)

CERTIFIED MINERALS APPRAISER APPLICATION

Please Print Or Type And Complete Every Section

Full Name:

Dr. Mr. Ms. Mrs.

Last

Middle

First

Permanent Residence Address:

Number/Street

City

State/Zip

Business Address:

Number/Street

City

State/Zip

Preferred Mailing Address:

Residence

Business

Telephone Numbers:

Residence

Business

Cell

Email Address:

Personal

Business

Website

Birthdate:

Month/Date/Year

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		Date of Graduation	Degree Received
	From	To		Sem.	Qtr.		
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			

List title of major publications or reports (attach a complete list). Include reprints of three (3) representative publications. If you do not have any published work, please submit five (5) written reports. If the reports are confidential, mark them CONFIDENTIAL, and blacken company names where appropriate. They will be returned to you after the review process. When submitting unsigned report, indicate what part and what percent you authored.

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.

Additional information: Other pertinent information that you feel should be brought to the attention of the Certification Committee may be included. Attach additional sheets if needed.

Have you ever had any professional license, registration or certification suspended or revoked?

Yes No

Have you ever been convicted of a felony?

Yes No

Have you ever pleaded nolo contendere to a felonious charge?

Yes No

If answer to the above is yes, please provide a detailed explanation.

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 American Institute of Minerals Appraisers. Not more than one sponsor may work in your immediate office. Please provide each sponsor with the **Sponsor Recommendation Form** to fill out and mail directly to AIMA.

Name:

Dr. Mr. Ms. Mrs.

Last Middle First

Address:

Number/Street City State/Zip

Telephone Numbers:

Residence Business Cell

Email Address:

Personal Business Website

Name:

Dr. Mr. Ms. Mrs.

Last Middle First

Address:

Number/Street City State/Zip

Telephone Numbers:

Residence Business Cell

Email Address:

Personal Business Website

Name:

Dr. Mr. Ms. Mrs.

Last Middle First

Address:

Number/Street City State/Zip

Telephone Numbers:

Residence Business Cell

Email Address:

Personal Business Website

EXPERIENCE RECORD SHEET

Describe each employment in inverse 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
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Name of Organization:

Address:

Number/Street	City	State/Zip
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Telephone Number:

Exact Title of Position:

Name of Supervisor:

Telephone Number:

Description of responsibility:

Dates of Employment:

From	To	Total Months
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Name of Organization:

Address:

Number/Street	City	State/Zip
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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 Code of Ethics of the American Institute of Minerals Appraisers. If I am certified by the Institute, I herewith pledge to abide by the Code of Ethics.

Signature of Applicant:

Date:

Please submit your application, along with the application fee of \$130.00 U.S. to:

International Institute of Minerals Appraisers
5757 Central Avenue, Suite D
Boulder, Colorado 80301

Also, remember to provide your sponsors with the sponsor recommendation form.