



MINERAL MANAGEMENT RECERTIFICATION FORM

Name: _____ Email: _____
(Please print) (Please print)

Mailing Address: _____

City | ST | ZIP : _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

NARO Membership Number: _____ (if known)

Anniversary Date of Certification (if known): _____

Level of certification: __ RMM __ CMM

Please sign, date, and return this form with \$100.00 recertification fee:

NARO Foundation – Certification Committee

7030 S. Yale Ave., Suite 404 | Tulsa, OK | 74136

Phone: (918) 794-1660 | Fax: (918) 794-1662 | registrar@naro-us.org

- Check Enclosed – Please make checks payable to “NARO Foundation”
- Credit Card - Contact the NARO office

I certify I am a NARO Member in good standing and I have submitted Affidavits of Attendance to the program registrar per the Mineral Management Program’s Policies and Procedures which equal or exceeds the program requirements.

(Signature)

(Date)

OFFICE USE ONLY

Annual NARO Membership verified: _____ (years) Recertification fee paid: _____ (date)

Education Credits verified: _____ (date) Number of Credits: _____

Recertification Expires: _____ (date) Date Approved: _____

Approved Certification Committee by: _____