Permit No:	
(DMLR use only)	
Bond Applied To:	
(DMLR use only)	



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

## **CERTIFICATE OF DEPOSIT**

Re: Performance Bond for:

	Company/Principal Name			
The accompanying in	strument, Certificate of Deposit No.			
In the amount of	\$	constitutes the performance bond for the		
aforementioned company under [CHECK ONE ONLY]:		Permit Application Number or		
Permit Number	pursuant to § 45.1-241 of the <b>Code of Virginia</b> , as amended, and			
Subsharter VI of the Vincinia Coal Surface Mining Declamation Deculations				

Subchapter VJ of the Virginia Coal Surface Mining Reclamation Regulations.

This letter certifies that the aforementioned instrument is not and will not be considered as, or used as, collateral for any other purpose by the undersigned institution.

Further, without the actual presentation of the original instrument to the undersigned institution, the institution shall not authorize the withdrawal of, encumbrance, transfer of funds from, or allow the redemption of said instrument without the expressed written consent of the Department of Mines, Minerals and Energy, Division of Mined Land Reclamation of the Commonwealth of Virginia (DMLR).

It is further certified that the undersigned institution shall notify the DMLR and the Permittee of any notice received or action filed alleging the insolvency or bankruptcy of the undersigned institution, or alleging any violations, which could result in the suspension or revocation of the institution's charter or license to do business.

	For:		
Name of Institution Official (printed or typed)		Name of Institution	
			cc: - 1
Signature of Institution Official		Title of Institution Official	
::	Telephone Number:		
State:	Zip:		
ation:			
bed and affirmed/sworn to before me by,		, this	day of
, 20 , in the State of		, in the City/County of	
	(Seal)		, Notary Public
Notary Public Name (printed or typed) nmission Expires	, 20	Notary Public Signature <sup>1</sup> Registration No.	
	Signature of Institution Official	Iame of Institution Official (printed or typed)    Signature of Institution Official    :	Iame of Institution Official (printed or typed)  Name of Institution    Signature of Institution Official  Title of Institution O    :