DRMS ePermitting Change of Contact

COLORADO
Division of Reclamation, Mining and Safety
Department of Natural Resources

General Information

Submittal Date

9/8/2025

The ePermitting Contact Change form is used to update the contact information for the Permittee, Permitting and/or Inspection contact information.

Administrator Information

Administrator First Name

Katie

Administrator Last Name

Blake

Administrator Email

katie.blake@ccvmining.com

Select a Permit Number *

M1980244

Select Contact Type *

Select all that apply

☑ Permittee Contact ☑ Permitting Contact ☑ Inspection Contact ☑ Additional Annual Fee Contact(s)

Permittee Contact Information

Permittee Company Name

Cripple Creek & Victor Gold Mining Company

Name change requires succession of operator application

Salutation	First Name	Middle Initial	Last Name
Mr	Bjorn		Meyer

Address 1

P. O. Box 191

Address 2

City	State	Zip Code
Victor	CO	808600000

Telephone #	Extension	Fax #
7198514048		7196893254
Digits only, no separators		Digits only, no separators

Email Address

Bjorn.Meyer@ccvmining.com

Permitting Contact Information

Permitting Company Name

Cripple Creek & Victor Gold Mining Company

Salutation	First Name	Middle Initial	Last Name
Ms	Katie		Blake

Address 1

P. O. Box 191

Address 2

City	State	Zip Code
Victor	CO	80860

Telephone #	Extension	Fax #
7196894048 Digits only, no separators		7192373442 Digits only, no separators

Email Address

Katie.Blake@ccvmining.com

Inspection Contact Information

Inspection Company Name

Cripple Creek & Victor Gold Mining Company

Salutation	First Name	Middle Initial	Last Name
Ms	Johnna		Gonzalez

Address 1

P. O. Box 191

Address 2

City	State	Zip Code
Victor	CO	80860

Telephone #	Extension	Fax #
7198514190 Digits only, no separators		7193130447 Digits only, no separators

Email Address

Johnna.Gonzalez@ccvmining.com

Annual Fee Notice to Copy

Additional people you would like to receive notices of upcoming annual fee/report due dates

Remove Existing Contact?

☐ Remove

Salutation

First Name *
Johnna

Middle Initial

Last Name *
Gonzalez

Annual Fee Notice Company Name

Address 1

Address 2

City

State

Zip Code
000000000

Telephone #
Digits only, no separators

Extension

Fax #
Digits only, no separators

Email Address

Confirmation

Have you reviewed all the information provided on this form? *

☑ Yes