



Energy, Mines and Resources
Box 2703, Whitehorse, Yukon Y1A 2C6

CLAIM HOLDER AUTHORIZATION

Placer Quartz

For Office Use Only		
Date Received (YYYY-MM-DD)	Ledger Number	File Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

TO BE COMPLETED BY OPERATOR

Project Name	NTS #(s)	Notification ID #
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Operator Information

Last Name	First Name	Client ID
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Company Name	Company Role
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Telephone Number	Cell Number	Fax Number	Email Address
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Agreement Start Date (YYYY-MM-DD)

Agreement End Date (YYYY-MM-DD)

Claim Holder Information

Last Name	First Name	Client ID
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Mailing Address	Unit Number	Street Number	Street Name	PO Box
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City/Town	Province/Territory/State	Postal Code/Zip Code
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Country	Telephone Number	Fax Number	Cell Number
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Business Name	Yukon Corporate Registry Number
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Email Address

I, _____ have authorized _____
to access my claims within the boundaries of the Notification ID listed above, in the matter of the submission of this Mining Land Use Application / Notification. Where I have signed on behalf of a business, I certify that I have the authority to bind the business.

Authorization and Signature

Claim Holder Name (please print)	Signature	Date of Signing
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(YYYY-MM-DD)

Access to Information and Protection of Privacy Act

The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Quartz Mining Act* and *Placer Mining Act*. Questions about the collection and use of this information can be directed to the Mining Recorders Office, Mineral Resources, Department of Energy, Mines and Resources, Yukon Government Box 2703, Whitehorse, Yukon Territory, Y1A 2C6 (867) 667-3190