



CLASS 1 NOTIFICATION FORM - QUARTZ

For Office Use Only		
Date Received (yyyy-mm-dd)	Ledger Number	MLUIS Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client ID Number	Yukon Corporate Registry Number	
<input type="text"/>	<input type="text"/>	

1. Operator Primary Contact Information

Last Name	First Name
<input type="text"/>	<input type="text"/>

Mailing Address Unit Number	Street Number	Street Name	PO Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

City/Town	Province/Territory/State	Postal Code/Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Telephone Number	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address	Company/Corp. Name	Company/Corp. Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

- If an agent is submitting on behalf of the operator, please check this box and complete Section 6.
 If submitting on behalf of a business, company or corporation, please check this box and complete Section 7.

2. Prescribed Notification Area

Please indicate which Notification Area(s) apply to your Class 1 exploration program:

- Peel Watershed Region Ross River Area Southern Yukon Area South - Western Yukon Area Watson Lake Area
 Dawson Area Category A Land Category B Land

Settlement Land Parcel Identifier(s)

3. Project Details (Use the Class 1 mapping tool to generate a map which outlines the project area <http://mapservices.gov.yk.ca/Mining/>)

Property Name (if applicable)	NTS #(s)	Notification ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please attach a Claim Status Report generated by a district office or from <http://apps.gov.yk.ca/ymcs>

Proposed Start Date (YYYY-MM-DD)

Proposed End Date (YYYY-MM-DD)

4. Proposed Activities (If more space is required, please attach additional pages)

ACTIVITY	SCOPE	LOCATION OF ACTIVITY BY GRANT NUMBER(S)	PROPOSED TIME FRAME OF ACTIVITY
Please describe all forms of access (air, ground and water) which may be used to reach the project area.	Detail the existing access routes within the project area:		
	Detail the total combined length (km) and width (m) of all new access routes which will be developed:		
Please include the total combined length and width of all lines and corridors within the project area.	Detail the total combined length (km) and width (m) of all new lines and corridors within the project area:		

4. Proposed Activities (If more space is required, please attach additional pages)

ACTIVITY	SCOPE	LOCATION OF ACTIVITY BY GRANT NUMBER(S)	PROPOSED TIME FRAME OF ACTIVITY
Please describe your proposed activities (i.e. trenching, clearings, drilling, use of explosives, geological surveys, bulk sampling).	Detail the maximum expected number and dimensions (m ³) of trenches:		
	Detail the maximum expected number and size (m ²) of clearings/claim:		
	Detail the maximum expected amount (kg) of explosives to be used:		
	Detail any other ground disturbing activities:		
List all vehicles and machinery to be used, including type of equipment , make/model, or gross vehicle weight and low ground pressure where applicable.	Details:		
Please provide information about fuel storage within the project area.	Detail the total capacity (L) for every type of fuel used:		
Please provide information about camps , drill pads, heli-pads and other structures used to service the project area.	Please provide the number of camps:		
	Please provide the number of drill pads:		
	Please provide the number of heli pads:		
	Please provide details and number of any other structures:		

Additional Information:

5. Authorization and Signature

I, _____
make this notification for a Class 1 exploration program pursuant to the requirements of the *Quartz Mining Act* and Regulations.

I have read, and my operation will comply with, the Quartz Mining Land Use Regulation, Schedule 1 - Operating Conditions.

I hereby certify that the contents of this notification are true and complete.

I understand that the Chief of Mining Land Use may impose additional terms and conditions.

I understand this notification is not a substitute for any other approvals or permits which may be required, and that I am responsible for ensuring this exploration program complies with all other applicable Territorial, First Nation and/or Federal Acts or Regulations.

I certify that all reclamation and the removal of structures will be completed prior to closure of the exploration program or within 12 months of a/the/this Class 1 Notification being allowed by the Chief, whichever is soonest.

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

6. Record of Agent Agreement (If applicable)

I, _____ have authorized _____
to act as my agent in the matter of the signing of a Class 1 Mining Land Use Notification.

Agreement Start Date (YYYY-MM-DD)

Agreement End Date (YYYY-MM-DD)

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

7. Signing Authority (If applicable)

By signing below, I certify I have the authority to sign on behalf of the business, company or corporation.

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

8. Attachments

Accompanying this form, please check all that apply, where applicable:

Required:

As Applicable:

- Claim Status Report
- Map(s) of Project Area

- Claim Holder Authorization(s)
- Copies of First Nation communications
- Schedule 3 - Notice of Water Use/Waste Deposit Without a Licence
- Applicable Mitigation Measures (optional)
- Appendix: *Number of additional pages:* _____

Access to Information and Protection of Privacy Act

This information is being collected under the authority of the *Quartz Mining Act*. For further information contact the Department of Energy, Mines and Resources, Mining Lands Office at 867-667-3190 or toll free at 1-800-661-0408 extension 3190.