



Energy, Mines and Resources

Notice of Change in Operations

For Government of Yukon use only:

Notice received on:	Notice reviewed on:	Approved by:
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Name of official operator of the mine: _____

CRA business number: _____

Mailing address of the official operator of the mine:

c/o _____

Street/PO Box _____ City _____

Territory/Province _____ Postal Code/Zip _____ Country _____

Please fill in all that apply:

A. Change of name/address of official operator:

Date of change _____ Reason for change _____

New name of official operator of the mine _____

Street/PO Box _____ City _____

Territory/Province _____ Postal Code/Zip _____ Country _____

B. Change in information of all other parties with interests in the mine (as per s. 117(1)(c) of the Royalty Regulation; attach additional page(s) if necessary):

Date of change _____ Reason for change _____

Updated information for other parties with interests in the mine:

Name	Address
_____	_____

C. Change in claims included in the mining property:

Date of change _____ Reason for change _____

Updated list of claims (attach additional page(s) if necessary):

Claim Name	Claim Number	Grant Number

D. Change in land other than mining property used in mine operations:

Date of change _____ Reason for change _____

Updated list of land used in mine operations:

This may include such infrastructure as roads, trails, airstrips, barge landings and community offices. Maps may be submitted with the notice showing the location of the land in question. Attach additional page(s) if required.

NTS Map number(s) (1:50,000 scale) _____ or UTM Map Number(s) _____

Coordinates of area (circle one): NTS (⁰ / ' / ") or UTM system Quadrant _____

Property Name _____ Nearest Community _____

Location	Coordinates	Description

E. Suspension of production of the mine (notice of discontinuance of active operations as per subsection 102(8) of the *Quartz Mining Act*):

Date of change _____ Reason for change _____

F. Resumption of production of the mine (notice of resumption of active operations as per subsection 102(8) of the *Quartz Mining Act*):

Date of change _____ Reason for change _____

G. Termination of production of the mine (notice of discontinuance of active operations as per subsection 102(8) of the *Quartz Mining Act*):

Date of change _____ Reason for change _____

Mine Operator Authorized Signature:

I/we certify that all the submitted information is true and correct, to the best of my/our knowledge and belief. I/we understand that any misrepresentation of the submitted information may invalidate any approval of this application and result in penalties as per s. 102(24) of the *Quartz Mining Act* and s. 124 of the *Quartz Mining Act Royalty Regulation*.

Signed _____ Date _____

Name (please print) _____

Please forward your completed application to:

Director, Mineral Resources
Department of Energy Mines and Resources Fax: (867) 456-3899
Government of Yukon
Box 2703, K-9
Whitehorse, Yukon
Y1A 2C6

Phone: (867) 667-3126

E-mail: Robert.holmes@gov.yk.ca

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 Royalty Regulation. Questions about the collection and use of this information can be directed to the Director, Mineral Resources, Department of Energy, Mines and Resources, Yukon Government, Box 2703, K-9, Whitehorse, Yukon Territory, Y1A 2C6