



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

RECORD OF AGENT 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 # |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Agent Information

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Client ID |
| <input type="text"/> | <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 | Cell Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| Company Name | Company Role |
| <input type="text"/> | <input type="text"/> |

| |
|----------------------|
| Email Address |
| <input type="text"/> |

Agreement Start Date (YYYY-MM-DD)

Agreement End Date (YYYY-MM-DD)

Authorization and Signatures

I, _____ have authorized _____

to act as my agent in the matter of the submission of a 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.

| | | |
|------------------------------|----------------------|----------------------|
| Operator Name (please print) | Signature | Date of Signing |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|---------------------------|----------------------|--------------------------------------|
| Agent Name (please print) | Signature | Date of Signing |
| <input type="text"/> | <input type="text"/> | (YYYY-MM-DD) <input type="text"/> |

(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