



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

MINING LAND USE APPROVAL AMENDMENT REQUEST FORM

YUKON ENVIRONMENTAL AND SOCIO-ECONOMIC ASSESSMENT ACT - BILL S-6, SECTION 49.1

QUARTZ

PLACER

CLASS: _____

FOR OFFICE USE ONLY		
Date Received (YYYY-MM-DD) <input type="text"/>	Joint Decision Body: <input type="text"/>	
<input type="checkbox"/> \$150 - Operational Amendment	<input type="checkbox"/> \$250 - Date Extension Amendment	
Date Fee Received (YYYY-MM-DD) <input type="text"/>	Cash Blotter Number <input type="text"/>	Paid By: <input type="text"/>

1. APPLICANT INFORMATION (CORPORATE APPLICANT)			
Last Name		First Name	
Mailing Address			
Unit Number	Street Number	Street Name	PO Box
City/Town		Province/Territory/State	Postal Code/Zip Code
Country		Telephone Number	Fax Number
Email Address		Company/Corp. Name	Company/Corp. Email
<input type="checkbox"/> If an agent is submitting on behalf of the operator, please check this box and complete Section 6. <input type="checkbox"/> If submitting on behalf of a business, company or corporation, please check this box and complete Section 7.			

2. PROJECT DETAILS		
MINING DISTRICT: <input type="checkbox"/> Dawson <input type="checkbox"/> Mayo <input type="checkbox"/> Watson Lake <input type="checkbox"/> Whitehorse		
Project Name		NTS #(s)
Existing Approval #	YESAB File #	Water License #
Please attach a Claim Status Report generated by a district office or from http://apps.gov.yk.ca/ymcs		

3. FIRST NATION (FN) TRADITIONAL TERRITORY - PLEASE CHECK ALL THAT APPLY			
<input type="checkbox"/> Carcross/Tagish FN	<input type="checkbox"/> Champagne and Aishihik FN	<input type="checkbox"/> Kluane FN	<input type="checkbox"/> Kwanlin Dün FN
<input type="checkbox"/> Liard FN	<input type="checkbox"/> Little Salmon/Carmacks FN	<input type="checkbox"/> Na-Cho Nyak Dün FN	<input type="checkbox"/> Ross River Dena Council
<input type="checkbox"/> Selkirk FN	<input type="checkbox"/> Ta'an Kwäch'än Council	<input type="checkbox"/> Teslin Tlingit Council	<input type="checkbox"/> Tr'ondëk Hwëch'in
<input type="checkbox"/> Vuntut Gwitchin FN	<input type="checkbox"/> White River FN		

4. TRANS-BOUNDARY FIRST NATIONS (FN) TRADITIONAL TERRITORY - PLEASE CHECK ALL THAT APPLY		
<input type="checkbox"/> Acho Dene Koe FN (Dene/Metis of NWT)	<input type="checkbox"/> Taku River Tlingit FN	<input type="checkbox"/> Kaska Dena Council
<input type="checkbox"/> Gwich'in Tribal Council/Tetlit Gwich'in Tribal Council	<input type="checkbox"/> Inuvialuit	<input type="checkbox"/> Tahltan Cental Council

Access to Information and Protection of Privacy Act

This information is being collected under the authority of the Quartz/Placer 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.

5. NATURE OF AMENDMENT / REASONS FOR REQUEST (PLEASE ATTACH ADDITIONAL PAGES IF REQUIRED)

TEMPORAL

Extension of Approval expiry date (Approval may not exceed ten (10) years in total)

Current Expiry Date: _____ Requested Expiry Date: _____

Change to approved Operating Season start or end date

Current Operating Season: _____ Requested Operating Season: _____

SPATIAL

Change to Project Footprint (Please attach relevant maps)

Claims Added Claims Removed

of Claims in original Approval: _____ # of Claims to be in Amended Approval: _____

Change to approved Operating Season start or end date

Additional Details: _____

ACTIVITY BASED

Addition of Activities (Please attach additional pages if required)

Activity	Currently Approved for	Addition Requested	Totals

OTHER (i.e. Change in equipment/technology used. Please attach additional pages if required)

Additional Details: _____

6. RECORD OF AGENT AGREEMENT (IF APPLICABLE)

I, _____ have authorized _____ to act as my agent in the matter of an Amendment to my current Mining Land Use Approval as indicated on page one (1) of this form.

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.

Position / Title

Signature

Date of Signing (YYYY-MM-DD)