

\_\_\_\_\_ Mining District

I, \_\_\_\_\_ ,  
Full Name

Occupation \_\_\_\_\_ , Phone \_\_\_\_\_ of

\_\_\_\_\_ ,  
Postal Address

\_\_\_\_\_ ,

Office Date Stamp

Hereby apply, under the Placer Mining Act for a renewal of a grant to a placer mining claim number(s)

\_\_\_\_\_

And I make Oath and Say that:

1. I am the owner of the said placer mining claim and hold a grant (or renewal) for the said claim(s) dated the day of \_\_\_\_\_ 20 \_\_\_\_\_ under grouping number \_\_\_\_\_
2. Work has been done on the said claim(s) to the value of at least \_\_\_\_\_ dollars in accordance with the schedule of representation work prepared by the Commissioner of the Yukon Territory, since the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

The following is a detailed statement of such work (length, width and depth of each hole, pit, trench, stripped area, type of equipment used and operator)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Years renewal requested \_\_\_\_\_

Sworn before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

\_\_\_\_\_ Notary \_\_\_\_\_ Owner or Agent

*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 *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.