



**APPLICATION TO REPORT  
AND APPLY REQUIRED WORK**

(in accordance with Section 80 of the Mines and Minerals Act)

**PLEASE PRINT**

Name of Holder \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

If the holder is not a resident of Manitoba, the name and address of a resident agent must be supplied.

Resident Agent \_\_\_\_\_

City \_\_\_\_\_ Province MANITOBA Postal Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

**EXPENDITURE OF REQUIRED WORK**

1. (a) I have done or caused to have done the required work to the value of \_\_\_\_\_ dollars in the \_\_\_\_\_ area, on Claim Map No(s). \_\_\_\_\_ on the claims/mineral leases listed on the reverse of this form.
- (b) The required work was performed or supervised by \_\_\_\_\_ who is the holder of valid prospecting license No. \_\_\_\_\_. (If extra space is needed, please attach a sheet listing other licence holders.)
2. The expenditures for required work have not been previously reported and are made in respect of required work done from \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.
3. The following documents form part of this submission:
  - (a) a true record of expenditures
  - (b) Report of Required Work (in duplicate) in accordance with Schedule B under the regulation.

**I hereby declare that the information contained in this application  
and report is true and correct.**

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant/Holder

**NOTE:**

1. **It is an offence under The Mines and Minerals Act to make a false statement on this document.**
2. **This form is not to be used when work is being applied from previously reported credits or under group certificate.**
3. **Indicate if assay credits available in accordance with Subsection 29(1) of Manitoba Regulation 64/92 are to be issued. YES \_\_\_\_\_ NO \_\_\_\_\_**

**Application to be filed at the Office of the Mining Recorder:**

**WINNIPEG**  
Unit 360  
1395 Ellice Avenue  
WINNIPEG, Manitoba  
R3G 3P2  
Phone: (204) 945-6527  
Fax: (204) 948-2578

**FLIN FLON**  
Barrow Building  
Room 201, 143 Main Street  
FLIN FLON, Manitoba  
R8A 1K2  
Phone: (204) 687-1630  
Fax: (204) 687-1634

**OFFICIAL USE ONLY**

Cheque/Cash/Auth No. \_\_\_\_\_

Amount \_\_\_\_\_

Payer \_\_\_\_\_

First File \_\_\_\_\_

Date \_\_\_\_\_

Receipt No. \_\_\_\_\_

Amount \_\_\_\_\_

