

QUARRY RETURN FOR AGGREGATE QUARRIES (PRIVATE)
 (In accordance with section 36 of Quarry Minerals Regulation M R 65/92)



Return showing the total quantity of aggregate quarry mineral removed under REGISTRATION CERTIFICATE NUMBER PQ _____ between the _____ day of _____ 20_____ and the _____ day of _____ 20 _____, in accordance with The Mines and Minerals Act and Quarry Minerals Regulation M R 65/92.

Name of Operator _____

Address _____ Telephone: _____

Quarry Location - L.S. _____ Sec. _____ Twp. _____ Rge. _____ WPM/EPM Mineral _____

Complete SECTION A or SECTIONS B and C

<p>Section A NO AGGREGATE MATERIAL REMOVED</p> <p><input type="checkbox"/> Did not operate.</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> Processed Material on site only.</p> <p>(NO AGGREGATE QUARRY MINERALS WERE REMOVED FROM THE PROPERTY!)</p> <p>(Complete Declaration)</p>	<p>Section B TOTAL AGGREGATE MATERIAL REMOVED</p> <p><u>Calculation of Rehabilitation Levy:*</u></p> <p>Number of tonnes mined over the term of the registration _____</p> <p>Rehabilitation levy (\$0.10 per tonne) \$ _____</p> <p>Total Fee Payable \$ _____</p>
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Remit the above payment in cash, Visa, MasterCard, cheque or money order payable to the Minister of Finance, with this statement to: **Office of the Recorder, Industry, Economic Development, and Mines, Unit 360 - 1395 ELLICE AVE. Winnipeg, MB R3G 3P2.** Telephone: (204)945-6503 and Facsimile: (204)948-2578.

Filing this quarry return prior to the expiry date constitutes the surrender of the Registration Certificate.

Section C IDENTIFY AGGREGATE SUPPLIED TO EACH PUBLIC AGENCY CONTRACT

PUBLIC AGENCY and CONTRACT NUMBER(S)	TONNES

DECLARATION:

I, _____, of the _____ of _____, in the Province of _____, _____, declare that:
 (Occupation)

1. I am the holder of the Registration Certificate or authorized representative of the holder.
2. This annual return statement is true and complete in all respects.

NOTE: IT IS AN OFFENCE UNDER THE MINES AND MINERALS ACT TO MAKE A FALSE STATEMENT ON THIS DOCUMENT.

Date: _____ Signature of Holder of the Registration Certificate or an Authorized Representative

NOTE: If no aggregate quarry mineral is removed, a return must still be submitted showing "NIL" removals.

<p>OFFICIAL USE ONLY</p> <p>Cheque/Receipt No. _____</p> <p>Amount _____</p> <p>Payer _____</p> <p>Client No. _____</p> <p style="text-align: right;">Cash Stamp</p>
