|  |
| --- |
| SECTION 1 : IDENTIFICATION |

|  |  |
| --- | --- |
| **Name of the Company** | **Company Registration No (MRN)** |
|       |       |
| **Family Name** | **First Name** | **Registration No (MRN)** |
|       |       |       |
| **Address (No, Street., P.O Box)** | **Apt.** | **City** |
|       |       |       |
| **Province** | **Country** | **Postal Code** |  | **Area Code** | **Phone No (Home)** |  | **Area Code** | **Phone No (Office)** |  | **Extension** |
|       |       |       |  |       |       |  |       |       |  |       |
| **E-mail**  |
|       |
| * 1. **STATUS OF THE REQUESTER**
 |

|  |  |
| --- | --- |
| **[ ]** Major company | **[ ]** Autonomous claim holder |
| **[ ]** Junior company | **[ ]** Other (Please, specify)       |

|  |
| --- |
| **SECTION 2 : MINING ACTIVITIES** |

|  |
| --- |
| **2.1 IN QUÉBEC** |
| Number of years in Québec |       |  |
|  |  |  |
| Number of claims in Québec, A) registered, B) requested A) |       |  B)       Total      |
|  |
| **2.2 IN CANADA (Please, fill in this section if your activities are less than 15 years in Québec)** |
| Number of years in Canada |       |  |
|  |  |  |
| Partnership with other enterprise in Québec and Canada |

**[ ]** Yes Name of the company

|  |  |
| --- | --- |
|  |       |

**[ ]** Non

|  |
| --- |
| **2.3 WORK (Please, fill in this section if the number of claims held in Québec is 10 or less)** |
| Value of work performed in Québec in the past 15 years |       | $ |
|  |  |  |
| Exploration budget subject to the request for the coming year |       | $ |

|  |
| --- |
| **SECTION 3 : LIST OF No OF THE TITLES RELEVANT FOR THE REQUEST****(CL)** : Staked claim (**DC)**: Map designated claim (**MEP)**: Mining exploration permit (**SRP)**: Surface mineral substances research permit |
|       |

|  |
| --- |
| **SECTION 4 : TYPE OF CONSTRUCTION, DURATION, USE, LOCATION REQUESTED** |

|  |
| --- |
|       |

|  |  |  |
| --- | --- | --- |
| **Name of the Applicant (Please, write in block letters)** | **Date :** | **Signature :** |
|       |       |  |

I declare that all information provided in this form and the appended documents to be accurate and complete.

 **x**

DATE SIGNATURE

|  |  |  |
| --- | --- | --- |
| RESERVED TO THE MINISTRY | File : | NTS : |
| Registration date : | Township code : |
| File processed by : | Date : |

|  |  |
| --- | --- |
| This form can be: **Sent to the following mailing address**Ministère des Ressources naturelles et des ForêtsDirection des affaires minières et de la coordination5700, 4e Avenue Ouest, local C-320Québec (Québec) G1H 6R1 | **or emailed** to: services.mines@mrnf.gouv.qc.ca |