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| 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** | | | | | | | | | | | | | | | | | | |
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| * 1. **STATUS OF THE REQUESTER** | | | | | | | | | | | | | | | | | | |

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

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| **SECTION 2 : MINING ACTIVITIES** |

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| --- | --- | --- | --- |
| **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 |  | $ |

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

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| **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 Forêts  Direction des affaires minières et de la coordination  5700, 4e Avenue Ouest, local C-320  Québec (Québec) G1H 6R1 | **or emailed** to: [services.mines@mrnf.gouv.qc.ca](mailto:services.mines@mrnf.gouv.qc.ca) |