

APPLICATION TO GROUP MINERAL CLAIMS

_____ MINING DISTRICT

Office Date Stamp

I, (We) the undersigned owners or agent(s) of the owners of following mineral claims.

(Additional sheets or an appendix may be used) (Claim names and grant numbers to be listed in sequence eg. TOM 1-40, YC10001 - YC10040)

GRANT NUMBER	CLAIM NAME	MAP SHEET

Give notice of intention to group the said claims for the performance of work and do hereby apply under the provisions of section 55 of the *Quartz Mining Act* for a certificate in form 6.

I (We) hereby certify that the above claims are adjoining as shown on the attached sketch

Dated at _____

This _____ day of _____, 20____

Applicant(s)

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 *Quartz Mining Act*.

Questions about the collection and use of this information can be directed to the Mining Records Office, Mineral Resources, Department of Energy, Mines and Resources, Yukon Government, Box 2703, Whitehorse, Yukon Territory, Y1A 2C6 (867) 667-3190