



QUARTZ MINING ACT SECTION 137(1)
APPLICATION FOR CERTIFICATE OF CLOSURE

Mining Land Use Approval number: _____
Operator: _____
Contact or agent name: _____
Mailing address: _____
Phone: _____
Email address: _____

I, _____, declare that my operation is now terminated, and that I have complied with all provisions of my class _____ Quartz Mining Land Use Approval, along with Part II of the *Quartz Mining Act* and the regulation made thereunder.

I, hereby request a Certificate of Closure be issued at this time.

Signature

YYYY-MM-DD
Date