



Quartz renewal number _____

QUARTZ MINING ACT

**APPLICATION FOR RENEWAL OF GRANT FOR QUARTZ MINING
PAY IN LIEU**

Submit to district mining recorder.

Mining district: _____

Client ID #: _____

Applicant name: _____

Full mailing address: _____

Email: _____

Phone: _____

Fax: _____

Office date stamp

Registered owners (if different from applicant): _____

Claims for renewal (claim names and grant numbers to be listed in sequence eg. YC10001-YC10040, TOM 1-40)

Grant numbers	Claim names	Grouping no. (if applicable)	Renewal years requested

Dated at _____,

this ____ day of _____, 20_____.

Signature of applicant

Collection of this information is authorized by of the *Quartz Mining Act* and para. 15(c)(i) of the *Access to Information and Protection of Privacy Act* for the purpose of reviewing applications for quartz. Disclosure of this information to the public is authorized by s. 5 of the *Quartz Mining Act*. For more information, contact the Mining Recorder's Office, Department of Energy, Mines and Resources at 867-667-3190 or by email to whitehorse.mining@yukon.ca.