



Quartz grant number _____

QUARTZ MINING ACT FORM 1 SECTION 44
APPLICATION FOR A FULL CLAIM

Submit to district mining recorder. A sketch must accompany this application.

Mining district _____

I, _____, APPLICANT'S FULL NAME

of _____, COMPLETE POSTAL ADDRESS

_____, PHONE _____, EMAIL

Client I.D. # _____ Occupation _____

Office date stamp

make Oath and say that:

1. At the hour of * _____ on the _____ day of _____, 20_____,

I located the _____ mineral claim, situated on (CLAIM NAME AND NUMBER)

Claim sheet No.: _____ Tag No.: _____

Described area: _____

(Sketch of group required showing position of claim as nearly as possible, direction of location line and names of any claims it may adjoin)

Optional:

Post No. 1 GPS coordinates:	Latitude _____° _____" _____' N	Longitude _____° _____" _____' W
Post No. 2 GPS coordinates:	Latitude _____° _____" _____' N	Longitude _____° _____" _____' W

2. I have placed post No. 1 and post No. 2 of the legal dimensions on the said claim with the tag clearly inscribed and affixed on each post as prescribed by the *Quartz Mining Act*.

3. I have inscribed the tag for location post No.1: Claim name and No. _____

Staked by _____ Staking date YYYY-MM-DD

Direction Select Right _____ (FEET) Left _____ (FEET)

4. I have inscribed the tag for location post No. 2: Claim name and No. _____

Staked by _____ Staking date YYYY-MM-DD

Witness post distance _____ (FEET) Direction Select (IF APPLICABLE)

5. I have marked the line between No. 1 and No. 2 posts as required by section 31 of the *Quartz Mining Act*.

6. To the best of my knowledge and belief the ground comprised within the boundaries of the said claim is unoccupied and unrecorded by any other person as a mineral claim, it is not occupied by any building or any land falling within the curtilage of any dwelling house or any land under cultivation, or any land reserved from entry under the *Quartz Mining Act*.

7. The said claim has not previously been staked out by anyone in my interest.

8. I attach a plan of the location as required by section 34 of the *Quartz Mining Act*.

DECLARED before me at _____ this _____ day of _____, 20____.

Signature of notary public

Signature of applicant

Notary public's stamped or printed name

My notary public enrollment expires on: YYYY-MM-DD

*Should be shown when possible, indicating a.m./p.m., or using the 24-hour clock format.

Collection of this information is authorized by s.44 of the *Quartz Mining Act* for the purpose of reviewing applications for quartz claims. Disclosure of this information to the public is authorized by s. 9 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.

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