



APPLICATION FOR CERTIFICATE OF COMPLETION

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 _____ Placer Mining Land Use Approval, along with Part II of the *Placer Mining Act* and the regulation made thereunder.

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

Signature

Date

Access to Information and Protection of Privacy Act: I acknowledge that the information contained in or attached to this application is being collected under the authority of the *Placer Mining Act* sections 7, 9 and 104(1) and the *Access to Information and Protection of Privacy Act* section 29(c) and is to be used for the purpose of reviewing applications for a Certificate of Closure. This application may be made available to the public as part of a review process per the Placer Mining Land Use Regulation. For further information, contact the Department of Energy, Mines and Resources, Mining Lands Office at 867-667-3190 or toll free at 1-800-661-0408 ext. 3190.