



Quartz grouping number _____

QUARTZ MINING ACT (FORM 12 SECTION 55)
APPLICATION TO GROUP MINERAL CLAIMS

Submit to district mining recorder. A sketch must accompany this application outlining all claims included.

Mining district: _____

Client ID #: _____

Applicant name: _____

Full mailing address: _____

Email: _____

Phone: _____ Fax: _____

Office date stamp

I (We) the undersigned owners or agents of the owners of the following mineral claims 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 claims listed below are adjoining as shown on the attached sketch. (Additional sheets or an appendix claim status report may be used) .

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

Grant numbers	Claim names	Map sheet numbers

Dated at _____ this _____ day of _____ 20_____.

Print name of owner or agent

Signature

Collection of this information is authorized by ss. 55(1) of the *Quartz Mining Act* for the purpose of reviewing quartz claim grouping applications. Disclosure of this information to the public is authorized by s. 5 of the *Quartz Mining Act*. For more information, please contact the mining recorder’s office, Department of Energy, Mines and Resources at 867-667-3190 or by email to whitehorse.mining@yukon.ca.