



Placer grouping number \_\_\_\_\_

PLACER MINING ACT (SECTION 52)  
**APPLICATION TO GROUP PLACER CLAIMS**

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

Office date stamp

Mining district: \_\_\_\_\_

Client ID #: \_\_\_\_\_

Applicant name: \_\_\_\_\_

Full mailing address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I (We) the undersigned owners or agents of the owners of the following placer claims give notice of intention to group the said claims for the performance of work and do hereby apply under the provisions of section 52 of the *Placer Mining Act* for a certificate in Form 7.

I (We) hereby certify that the claims listed below { ☐ are ☐ are not } adjoining as shown on the attached sketch.

**Claim names and grant numbers to be listed in sequence eg. TOM 1-10, P 10001 - P 10010**

Grant numbers	Claim names	Owners	Map sheet numbers

**\*\* Please attach additional pages or a Claim Status Report if required.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Print name of owner or agent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name of owner or agent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name of owner or agent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name of owner or agent

\_\_\_\_\_  
Signature

Collection of this information is authorized by s. 52 of the *Placer Mining Act* for the purpose of grouping placer claims. Disclosure of this information to the public is authorized by s. 9 of the *Placer 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](mailto:whitehorse.mining@yukon.ca).