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For Official Use Only
Date Received (yyyy/mm/dd)
Circulation Date (yyyy/mm/d)
Permit Number
Fee Received Date (yyyy/mm/dd)

Is this form being completed by the Early Exploration Proponent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French
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Part 1 - Project and Early Exploration Proponent Information

Is the proposed early exploration area within the project area for an existing filed Closure plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you know of any pre-existing mine hazards within the proposed Permit area? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of Application <input type="checkbox"/> New Permit Application <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Director's Permit Requirement	Is this a resubmission? <input type="checkbox"/> Yes <input type="checkbox"/> No
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A - Project Details

Project Name	
Region of the Province (see MNDM administrative map) <input type="checkbox"/> North-West <input type="checkbox"/> North-East <input type="checkbox"/> South	Previous Plan Confirmation/Permit Numbers associated with this project (list)
County/District/Region	Targeted Project Start Date (yyyy/mm/dd)

B - Name of Claim/Lease/Licence of Occupation Holder(s)

Corporation Legal Name		
Business Operating Name	Client Number	Business Number
Last Name	First Name	Middle Initial
Address		
Unit/Suite/Apt	Street No.	Street Name
Rural Route	City, Town or Village	Province/State
Postal Code/Zip Code	Country	
Telephone Number	Extension	Fax Number
Email Address		

Tenure Type (List all claim, lease, licence of occupation numbers for each holder)

Type	Identifying Number(s) (if more than one, enter each number separated by a comma)
1.	
2.	
3.	
4.	
5.	

C - Address for Service in Ontario Check this box if same as the section B.

Corporation Legal Name

Business Operating Name		Client Number	Business Number
Last Name	First Name		Middle Initial
Address			
Unit/Suite/Apt	Street No.	Street Name	PO Box
City, Town or Village		Province	Postal Code
Telephone Number	Extension	Fax Number	Email Address

D - Qualified Supervisor Check this box if same as Section B

Mining Act Awareness Program Number

Corporation Legal Name

Business Operating Name		Client Number	Business Number
Last Name	First Name		Middle Initial
Address			
Unit/Suite/Apt	Street No.	Street Name	PO Box
Rural Route	City, Town or Village		Province/State
Postal Code/Zip Code		Country	
Telephone Number	Extension	Fax Number	Email Address

Section E - Exploration Activities

Select the permitted activity or activities. Please identify where individual activities are taking place on specific claim unit(s) on the accompanying map(s) (See Part 2).	Proposed Dates (yyyy/mm/dd)		Claim/Lease/Licence of Occupation Number(s)
	Start Date	End Date	Number (s)
<input type="checkbox"/> Mechanized Drilling (assembled weight >150 kg) <input type="checkbox"/> 1-5 Pads <input type="checkbox"/> 6-10 Pads <input type="checkbox"/> 11-20 Pads <input type="checkbox"/> > 20 Pads			
<input type="checkbox"/> Mechanized Stripping (>100m ² in 200m radius) Estimated area (in m ²):			
<input type="checkbox"/> Pitting and Trenching of Bedrock (>3m ³ in 200m radius) Planned Number of Pits/Trenches:			
<input type="checkbox"/> Line Cutting (>1.5m width) Estimated total line length (m):			

Part 2. Authorization and Signature

A - Surface Rights Owner(s) Notification

- I certify that I have provided a copy of this application for an Exploration Permit to the Surface Rights Owner(s) within the exploration area (s) for this project **OR**
- I certify that there are no Surface Rights Owner(s) within the exploration area(s) for this project

B - Attachments

Accompanying this Form

- a) Map(s) indicating location of proposed Permitted Activity(ies) as well as proposed camp location(s):
- Regional Scale Map
 - Project Scale Map
 - Other Map(s)
- b) Appendices
- Activity details report
 - Additional pages for listing Claim, Lease, Licence of upation Holders
 - Aboriginal Consultation Report
 - Agency Authorization
- c) Other attachment(s) (e.g. information, reports, other agency permits)

Section C - Signature

I, _____, make this application for an Exploration Permit pursuant to the requirements of the *Mining Act* and regulations, including applicable requirements in the Provincial Standards for Early Exploration. I understand that the application for this Exploration Permit is not a substitute for any other approvals or permits that may be required, and that I am responsible for ensuring that the exploration project complies with any other applicable provincial or federal Acts or regulations..

I hereby certify that the contents of this application are true and complete.

Where I have signed on behalf of a corporation, I hereby certify that I have authority to bind the corporation.

I am the: (please select at least one of the following)

- Claim/Lease/Licence of Occupation Holder
- One of the Claim Holders and have authority to sign on behalf of all Claim/Lease/Licence of Occupation Holder(s) (attached appropriate authorizations)
- An Agent designated for the purposes of making this submission on behalf of the Claim/Lease/Licence of Occupation Holder(s) (attached appropriate agency

I acknowledge that my printed name below shall be deemed a signature for the purposes of this document's submission to the MNM.

Name (Please Print)

Date of submission (yyyy/mm/dd)

Email Address