

For Office Use Only		
Date Received (yyyy mm-dd)	Ledger Number	MLUIS Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client ID Number	Yukon Corporate Registry Number	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1. Operator Primary Contact Information

Last Name	First Name
<input type="text"/>	<input type="text"/>

<b>Mailing Address</b>	Unit Number	Street Number	Street Name	PO Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	Province/Territory/State		Postal Code/Zip Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Country	Telephone Number	Fax Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email Address	Company/Corp. Name	Company/Corp. Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

- If an agent is submitting on behalf of the operator, please check this box and complete Section 6.
- If submitting on behalf of a business, company or corporation, please check this box and complete Section 7.

### 2. Prescribed Notification Area

Please indicate which Notification Area(s) apply to your Class 1 operation:

- Peel Watershed Region  
  Ross River Area  
  Southern Yukon Area  
  South - Western Yukon Area  
  Watson Lake Area  
 Dawson Area  
  Category A Land  
  Category B Land

Settlement Land Parcel Identifier(s)

### 3. Project Details *(Use the Class 1 mapping tool to generate a map which outlines the project area <http://mapservices.gov.yk.ca/Mining/>)*

Property Name (if applicable)	NTS #(s)	Notification ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please attach a Claim Status Report generated by a district office or from <http://apps.gov.yk.ca/ymcs>.**

Proposed Start Date (YYYY-MM-DD)

Proposed End Date (YYYY-MM-DD)

### 4. Proposed Activities *(If more space is required, please attach additional pages)*

ACTIVITY	SCOPE	LOCATION OF ACTIVITY BY GRANT NUMBER(S)	PROPOSED TIME FRAME OF ACTIVITY
Please describe all forms of <b>access</b> (air, ground and water) which may be used to reach the project area.	Detail the existing access routes within the project area:		
	Detail the total combined length (km) and width (m) of all new access routes which will be developed:		
Please include the total combined length and width of all <b>lines, corridors and trails</b> within the project area.	Total length (km) and width (m):		

**4. Proposed Activities** (If more space is required, please attach additional pages)

ACTIVITY	SCOPE	LOCATION OF ACTIVITY BY GRANT NUMBER(S)	PROPOSED TIME FRAME OF ACTIVITY
Please describe your proposed <b>activities</b> (i.e. trenching, clearings, drilling, use of explosives, geological surveys).	Detail the maximum expected number and dimensions (m <sup>3</sup> ) of ground disturbing activities: <i>(length x width x depth)</i>		
	Detail the maximum expected amount (kg) of explosives to be used:		
	Detail any other ground disturbing activities:		
List all <b>vehicles</b> and <b>machinery</b> to be used, including type of <b>equipment</b> , make/model, or gross vehicle weight (t) and low ground pressure types.	Details:		
Please provide information about <b>fuel storage</b> within the project area.	Detail the total capacity (L) for every type of fuel used:		
Please provide information about <b>camp</b> s and other <b>structures</b> used to service the project area.	List Number of camps: Person days in each:		
	Detail all other structures:		

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Authorization and Signature**

I, \_\_\_\_\_  
make this notification for a Class 1 operation pursuant to the requirements of the *Placer Mining Act* and Regulations.

I have read, and my operation will comply with, the Placer Mining Land Use Regulation, Schedule 1 - Operating Conditions.

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

I understand that the Chief of Placer Land Use may impose additional terms and conditions.

I understand this notification is not a substitute for any other approvals or permits which may be required, and that I am responsible for ensuring this operation complies with all other applicable Territorial, First Nation and/or Federal Acts or Regulations.

I certify that all reclamation and the removal of structures will be completed prior to closure of the operation or within 12 months of a/the/this Class 1 Notification being allowed by the Chief, whichever is soonest.

Name (please print)	Signature	Date of Signing
_____	_____	_____
(YYYY-MM-DD)		

**6. Record of Agent Agreement (If applicable)**

I, \_\_\_\_\_ have authorized \_\_\_\_\_  
to act as my agent in the matter of the signing of a Class 1 Mining Land Use Notification.

Agreement Start Date (YYYY-MM-DD)

Agreement End Date (YYYY-MM-DD)

Agent Name (please print)	Signature	Date of Signing
_____	_____	_____
(YYYY-MM-DD)		

**7. Signing Authority (If applicable)**

By signing below, I certify I have the authority to sign on behalf of the business, company or corporation.

Name (please print)	Signature	Date of Signing
_____	_____	_____
(YYYY-MM-DD)		

**8. Attachments**

Accompanying this form, please check all that apply:

Required:

- Claim Status Report
- Map(s) of Project Area

As Applicable:

- Claim Holder Authorization(s)
- Copies of First Nation communications
- Schedule 3 - Notice of Water Use/Waste Deposit Without a Licence
- Applicable Mitigation Measures (optional)
- Appendix:            *Number of additional pages:* \_\_\_\_\_

**Access to Information and Protection of Privacy Act**

This information is being collected under the authority of the *Placer Mining Act*. 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 extension 3190.