

**APPLICATION FOR BOREHOLE LICENCE**

(In accordance with section 5 of Drilling Regulation, MR 63/92)

NAME:

CONTACT PERSON:  TELEPHONE:

ADDRESS:

CITY/TOWN:  PROVINCE:  POSTAL CODE:

EMAIL:

**Description of Drilling Plan:**

No. of Drill Holes:	<input type="text"/>
Drilling Depth:	<input type="text"/>
Core Size:	<input type="text"/>
Expected Starting Date:	<input type="text"/>
Expected Completion Date:	<input type="text"/>

NTS Map Sheet:

**LEGAL DESCRIPTION OF PROPERTY:\* Attach map or sketch showing proposed drill site.**

Geographic Coordinates OR	Section	Township	Range	WPM/EPM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Provide name and address of the surface rights owner if other than the applicant.

NOTE: SECTION 154 OF THE MINES AND MINERALS ACT STATES THAT NO PERSON SHALL ENTER UPON, OCCUPY OR TAKE THE SURFACE OF PRIVATELY OWNED CROWN MINERAL LAND FOR MINING PURPOSES UNLESS THE PERSON HAS WRITTEN AUTHORIZATION TO DO SO FROM THE OWNER OF THE SURFACE RIGHTS TO THE LAND AND WHERE APPLICABLE, FROM THE OCCUPANT OF THE LAND, OR BY ORDER OF THE MINING BOARD IN ACCORDANCE WITH SECTION 29.

**DECLARATION:**

I declare that the information provided on this form is accurate to the best of my knowledge, and that the authorized drilling program will be in compliance with all terms and conditions as may be imposed in the Licence(s).

**Enclose application fee of \$34.65 (includes GST). Make cheques payable to The Minister of Finance.**

Date

\_\_\_\_\_

Signature of Applicant

**Application to be filed at the Office of the Recorder:**

Unit 360  
 1395 Ellice Avenue  
 WINNIPEG, Manitoba R3G 3P2  
 Phone: 204-945-6527  
 Fax: 204-948-2578  
 Email: [mines\\_br@gov.mb.ca](mailto:mines_br@gov.mb.ca)  
 Website: [www.gov.mb.ca/iem/mines/imaggs/index.html](http://www.gov.mb.ca/iem/mines/imaggs/index.html)

**OFFICIAL USE ONLY**

Cheque/Cash/Auth. No. _____	Date _____
Amount _____	Receipt No. _____
Payer _____	Amount: _____
Client No. _____	