

**APPLICATION FOR REGISTRATION
OF AGGREGATE QUARRIES (PRIVATE)**



(In accordance with section 197 of The Mines and Minerals Act)

NAME OF OPERATOR: iMaQs ID #:

ADDRESS:

Town/City Province Postal Code Telephone No.

Email

LEGAL DESCRIPTION:

A. Provide a full legal description (Legal Subdivision, Section, Township and Range or geographical coordinates) of the parcel of land on which the aggregate pit or quarry is located and the aggregate quarry mineral to be mined.

(COMPLETE ONE APPLICATION PER PIT OR QUARRY LOCATION)

Legal Description					WPM/EPM			
L.S./Q.S.	<input type="text"/>	Section	<input type="text"/>	Township	<input type="text"/>	Range	<input type="text"/>	<input type="text"/>
Further Description:	<input type="text"/>							
Quarry Mineral(s):	<input type="text"/>							
Rural Municipality:	<input type="text"/>							
If under government contract, state authority and contract numbers: <input type="text"/>								

(TO ASSIST IN IDENTIFYING PIT LOCATION, COMPLETE TOWNSHIP SKETCH ON REVERSE)

PIT OR QUARRY OWNER (Section must be completed)					
NAME OF OWNER	<input type="text"/>				
CERTIFICATE OF TITLE OR LAND TITLE NO.	<input type="text"/>				
ADDRESS	<input type="text"/>				
POSTAL CODE	<input type="text"/>	TELEPHONE	<input type="text"/>	EMAIL	<input type="text"/>

B. DECLARATION

I, , of the of , in the Province of , , declare that:
(occupation)

1. I am the applicant or authorized representative of the applicant.
2. This application is true and complete in all respects.

NOTE: IT IS AN OFFENCE UNDER THE MINES AND MINERALS ACT TO MAKE A FALSE STATEMENT ON THIS DOCUMENT.

Date:

Signature of Applicant or Authorized Representative

Application to be filed at the Office of the Recorder:

Unit 360 - 1395 Ellice Avenue
Winnipeg, MB R3G 3P2
Telephone: 204-945-6503
Fax: 204-948-2578
Email: mines_br@gov.mb.ca
Website: www.gov.mb.ca/iem/mines/imagqs/index.html

FEE: \$15.00 fee per pit or quarry location as defined as "Parcel of Land" in Part 5 of Quarry Minerals Regulation MR 65/92

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

Tr. **Rge.** **P.M.**

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