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| **SECTION 1 – IDENTIFICATION**  |
| **Name of the business** | **Québec Enterprise Number (NEQ)** | **Client number** |
| Enter text | Enter text | Enter text |
| **Last name of contact person** | **First name of contact person** |
| Enter text | Enter text |
| **Address (number, street, rural route or P.O. box)** | **Apt.** | **City, town or municipality** |
| Enter text | Enter text | Enter text |
| **Province** | **Country** | **Postal code** | **Telephone (mobile)** | **Telephone (office)** | **Ext.** |
| Enter text | Enter text | Enter text | Enter text | Enter text | Enter text |
| **Email address** |
| Enter text |
| **Company website** |
| Enter text |

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| **SECTION 2 – WORK LOCATION**  |
| **Name of the project** |
| Enter text |
| **NTS mapsheet** |
| Enter text |
| **Regional county municipality**  | **Municipality** |
| Enter text | Enter text |

| **SECTION 3 – WORK PLANNING FOR THE NEXT 12 MONTHS**  |
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| **For each planned work, indicate the expected completion dates.** |
| **Start date of the 12-month period:**  |
| [ ]  Examination of rock outcrops | From: Select date | To: Select date |
| [ ]  Rock sampling | From: Select date | To: Select date |
| [ ]  Line cutting | From: Select date | To: Select date |
| [ ]  Geological survey | From: Select date | To: Select date |
| [ ]  Geochemical survey | From: Select date | To: Select date |
| [ ]  Airborne geophysical survey | From: Select date | To: Select date |
| [ ]  Geophysical ground and drilling survey | From: Select date | To: Select date |
| [ ]  Drilling carried out in overburden and in rock\* | From: Select date | To: Select date |
| [ ]  Rock stripping\* | From: Select date | To: Select date |
| [ ]  Bulk sampling\* | From: Select date | To: Select date |
| [ ]  Seismic refraction geophysical survey\* | From: Select date | To: Select date |
| [ ]  Loose deposit excavation\* | From: Select date | To: Select date |
| [ ]  Survey work | From: Select date | To: Select date |
| [ ]  Peat-bog survey work (*s. 69 of the Mining Regulation (9.1° to 9.5°)* | From: Select date | To: Select date |
| [ ]  Rehabilitation and restoration work | From: Select date | To: Select date |
| [ ]  Securing work | From: Select date | To: Select date |
| [ ]  Underground exploration work | From: Select date | To: Select date |
| \* Work subject to an authorization for impact-causing exploration work. |

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| **SECTION 4 – PLANNED WORK DESCRIPTION** |
| **Wanted substances** |
| Enter text |
| **Type of equipment used (drone, helicopter, ATV, trucks, drill rig, dynamite, etc.)** |
| Enter text |
| **Hours and period of operation of machinery (12 hours a day, 24 hours a day, 5 days a week, 7 days a week)** |
| Enter text |
| **Scope of planned work (number of workers, area, volume, etc.)** |
| Enter text |

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| **SECTION 5 – STATUS OF EXPLORATION PROJECT** |
| **Summary of previous work** |
| Enter text |

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| **SECTION 6 – DOCUMENTS TO JOIN**  |
| [ ]  **Map in PDF format1** | [ ]  **Shapefile (DBF, PRJ, SHP, SHX)2** |
| 1 Exploration property map with the location of the planned work.2 The shapefile must include the property's exclusive exploration rights numbers and the location of the planned work. |

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| **SECTION 7 – STATEMENT FROM THE REPRESENTATIVE** |
| **I attest to the accuracy of the information provided herein.** |
| **Date:**  | Select date |  |
| **Signature:**  |  |  |
| **Name in block letters:** | Enter text |  |
| **Professional title:** | Enter text |  |
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| This form, along with the PDF map and shapefile, must be emailed to the Indigenous communities and local municipalities affected by the work. Please cc the Ministère des Ressources naturelles et des Forêts at pat@mrnf.gouv.qc.ca. |
|  | **For any questions:**Telephone: 418-627-6278 Toll-free: 1-800-363-7233services.mines@mrnf.gouv.qc.ca  |