NOTICE OF OPERATOR AUTHORIZATION -- STATE MINERAL LOCATIONS

All operators or lease holders submitting APMAs for operations on State mineral locations must submit a "Notice of Authorization" from the owner of record. This notice of authorization must name the operator and leaseholder (if different), the claims(s) by Name and ADL number(s), and the time frame (beginning and ending dates) for which the authorization remains in force. The Division of Mining, Land & Water will not issue any mining permits until we receive this Notice of Authorization. **Please include it with your APMA**.

OPERATOR AUTHORIZATION

	1			OWNED of at	ata alaim(a) :		
Have authorized	Claim Name	ADL Number	Claim Name			ADL Number	
Have authorized							
Address of Operator to operate on these claims from / to	(Attach additional	sheet if necessary)				<u> </u>	
to operate on these claims from / to / Owner's Signature							
NOTARY Subscribed and sworn to before me this day of, 20 For (owner) (Signature of Notary) My commission expires: OR (If the LESSEE and OPERATOR are not the same, both sections must be completed) I,, LESSEE of state claim(s): Claim Name						·	
NOTARY Subscribed and sworn to before me this day of, 20 For (owner) (Signature of Notary) My commission expires: OR (If the LESSEE and OPERATOR are not the same, both sections must be completed) I,, LESSEE of state claim(s): Claim Name	to operate on thes	se claims from/_	_/ to/_	/			
Subscribed and sworn to before me this day of, 20 For (owner) (Signature of Notary) My commission expires: OR (If the LESSEE and OPERATOR are not the same, both sections must be completed) I,, LESSEE of state claim(s): Claim Name ADL Number Claim Name ADL Number Claim Name ADL Number (Attach additional sheet if necessary) have authorized to operate on these claims from/ / to/ Lessee's Signature Date NOTARY: Subscribed and sworn to before me this day of, 20 For (Lessee) (Signature of Notary)	Owner's Signature	9		Date _			
For (owner) (Signature of Notary) My commission expires: OR (If the LESSEE and OPERATOR are not the same, both sections must be completed) I,, LESSEE of state claim(s): Claim Name ADL Number Claim Name ADL Number Claim Name ADL Number (Attach additional sheet if necessary) have authorized to operate on these claims from/ to Lessee's Signature Date NOTARY: Subscribed and sworn to before me this day of, 20 For (Lessee) (Signature of Notary)	NOTARY						
(Signature of Notary) My commission expires: OR (If the LESSEE and OPERATOR are not the same, both sections must be completed) I,, LESSEE of state claim(s): Claim Name							
OR (If the LESSEE and OPERATOR are not the same, both sections must be completed) I,, LESSEE of state claim(s): Claim Name	For (owner)						
OR (If the LESSEE and OPERATOR are not the same, both sections must be completed) I,, LESSEE of state claim(s): Claim Name	(Signature of Not	ary)	·				
LESSEE of state claim(s): Claim Name ADL Number Claim Name ADL Number Claim Name ADL Number	My commission e	xpires:					
Claim Name ADL Number Claim Name ADL Number Claim Name ADL Number (Attach additional sheet if necessary) have authorized		OR (If the LESS	SEE and OPERATOR	are not the same, both	sections must be comp	oleted)	
(Attach additional sheet if necessary) have authorized	l,		, LESSEE	of state claim(s):			
have authorized	Claim Name	ADL Number	Claim Name	ADL Number	Claim Name	ADL Number	
have authorized							
Lessee's Signature	(Attach additional	sheet if necessary)					
Lessee's Signature							
Lessee's Signature	have authorized			to operate on these	e claims from / /	to / / .	
NOTARY: Subscribed and sworn to before me this day of, 20 For (Lessee) (Signature of Notary)	_						
NOTARY: Subscribed and sworn to before me this day of, 20 For (Lessee) (Signature of Notary)	Lessee's Signatur	e			Date		
Subscribed and sworn to before me this day of, 20 For (Lessee) (Signature of Notary)	Lessee's Address	i				<u></u>	
For (Lessee) (Signature of Notary)	NOTARY:						
		worn to before me this	day of	, 20			
My commission expires:	(Signature of Not	ary)		·			
	My commission e	xpires:					

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