



Government of Newfoundland and Labrador
Department of Natural Resources
Mineral Lands Division

**APPLICATION FOR
GENUINE PROSPECTOR DESIGNATION**

Attention: Mineral Claim Recorder's Office

Name: _____
Date of Birth: _____ Tel: _____ Fax: _____
Mailing _____
Address _____

Education/Prospector Training (Specify and include copy of graduation certificate/diploma.)

Years Prospecting: _____

Independent Prospecting Activities (Specify) _____

Supervised Prospecting Activities (Specify) _____

References: _____

I hereby request that I be designated a genuine prospector as per Regulation 13 of the Mineral Regulations. This confirms that the information outlined above is correct.

DATED: _____ SIGNATURE: _____

Selection Committee Comment

1): _____

2): _____

3): _____

