

APPLICATION FOR PROSPECTOR TRAINING
COLLEGE OF THE NORTH ATLANTIC
(Prince Philip Drive Campus)

Name: _____ Birth Date: _____

Address: _____ City/Town: _____

Postal Code: _____ email: _____

Telephone (home): _____ other/cell: _____

Occupation: _____ Health Restrictions: _____

Education: (State level, institution and year of graduation) _____

Briefly state prospecting experience and reason for seeking training: _____

Payable to College of the North Atlantic - Please check ☒ preference:

Tuition: ☐ \$235.00
Deposit (*included in tuition amounts above*): ☐ \$50.00

References:

| <u>Name</u> | <u>Address</u> | <u>Telephone</u> |
|-------------|----------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Department of Natural Resources reference: _____

Signature of Applicant: _____

Mail, email, or fax completed forms to:

Robyn Constantine
Department of Natural Resources
Mineral Development Division
P. O. Box 8700
St. John's, NL A1B 4J6

Tel: (709) 729-6448; toll free: 1-855-729-6448
Fax: (709) 729-3493
Email: RobynConstantine@gov.nl.ca