

NOTIFICATION OF OTHER OPERATORS TO MINE UNDER LICENSE

Licensed Operator:

License Number:

Legal Location:

Other Operator:

Name:

Address:

By signing this form, I am allowing the above individual to work under my mining license at the above legal location. I am also aware that I will be responsible for any required reclamation for mining done under my license.

I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Licensed Operator's Signature

Date

Please return this form to:

**SD Department of Environment and Natural Resources
Minerals and Mining Program
Joe Foss Building
523 East Capitol
Pierre, SD 57501-3182**

(605) 773-4201