



APPLICATION FOR A URANIUM EXPLORATION PERMIT

APPLICATION NO. _____

FOR OFFICE USE ONLY	
PERMIT NO.	_____
RECEIPT NO.	_____
DATE ISSUED	_____

APPLICANT INFORMATION

1. Name of Applicant _____

2. Office Telephone Number _____

3. Mailing Address _____

4. Exploration activity is located _____ of _____
 (miles) (direction) (town)
 on Public Road No. _____ in _____ County/City.

5. Type of Organization:
- () Sole Proprietorship - Complete questions A,B,C,D
 - () Corporation - Complete questions A,B,C,D,F,G,H,I,J
 - () Partnership - Complete questions A,B,C,D,E,F
 - () Other - Complete questions A,B,C,D,E,F

Specify (If Other): _____

(A) Virginia State Corporation Commission registration number _____

(B) Person with overall responsibility for operating decisions at the exploration site:

Name/Title _____
 Address _____
 Phone _____
 E-mail _____

(C) Person to be contacted in the event of an accident or emergency:

Name	Address	Telephone
_____	_____	_____

(D) Federal Tax ID Number of Applicant _____

(E) List all individuals having any ownership interest in the business entity.

Name/Title	Address	Telephone
_____	_____	_____

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No. _____

(F) Principal organization officials, corporate officers, directors and members:
Name/Title Address Telephone

(G) Corporation name, address and telephone number if different than applicant:

(H) State of Incorporation _____

(I) Virginia Registered Agent:
Name Address Telephone

(J) If a subsidiary, provide:

Parent Organization Name _____
Address _____
Telephone _____ State of Incorporation _____

6. Name, address and telephone number of person(s) authorized to sign permit documents:
Name Address Telephone

7. List any exploration or mining permits of any type held by the applicant in Virginia and the applicable permit identification numbers.

Issuing Authority	Permit No./Identification No.
_____	_____
_____	_____
_____	_____

EXPLORATION OPERATION INFORMATION

8. USGS Quadrangle - _____ Northing - _____ Easting - _____

9. Type of Exploration Activity:
 Rotary Drill Surface Excavation Underground Excavation
 Other (specify) _____

10. Approximate date exploration operations will commence. _____
(Applicant shall notify the Division prior to commencing exploration activities.)

11. Distance in feet to nearest inhabited building. _____

12. List any person with an ownership or leasehold interest in the surface land or minerals to be entered or explored and the date each person was notified of the applicant's intent to apply for an exploration permit.

	Name	Address	Date Notified
Surface	_____	_____	_____
Surface	_____	_____	_____
Mineral	_____	_____	_____
Mineral	_____	_____	_____

13. Specify source of applicant's legal right to enter and conduct mining operations on land covered by the permit:

(Provide deed book number, page number, parties to the deed or lease, date of execution or provide a copy of the deed or lease.)

14. Please provide the following information for any contractors who will be working on the exploration site (attach additional sheets as necessary).

Contractor's Business Name _____ DMM # _____

Virginia State Corporation Commission registration number _____

Business address _____

Business telephone _____

Address of record _____

Service to be provided _____

Persons with responsibility for operating decisions:

Name	Address
_____	_____
_____	_____

Persons with responsibility for the health and safety of employees:

Name	Address
_____	_____
_____	_____

15. List rivers, streams, tributaries or water impoundments on or adjacent to permitted property.

Name of waterway	pH adjacent to the exploration area	Tributary to
_____	_____	_____

16. Specify how all exploration fluids will be contained and disposed, and how storm runoff water will be handled to minimize impact on any water courses. (Detail drainage plan attached). _____

17. Specify any chemicals or hazardous materials (including petroleum products) which will be used on the exploration site and methods to be employed to prevent contamination of land and water resources on or adjoining permitted property.

OPERATION/RECLAMATION PLANS

18. Specify the materials that will be generated by exploration operations and the plans for handling and disposal during operations and reclamation.

TYPE OF MATERIAL

DISPOSAL METHOD

Overburden

Spoil/Waste Minerals

Used Oil and Lubricants

Trash and Debris

Hazardous Material

Buildings/Structures

19. Describe in detail the method of exploration, procedures for containment and disposal of all drilling fluids, handling drainage, regrading, and vegetation during active exploration and upon completion (attach narrative).

20. Attach an application map¹ (at a scale of 1:400 or larger), prepared by a licensed professional engineer or licensed land surveyor that shows the location of the following, where applicable:

- A. Areas of land to be disturbed by the proposed exploration and reclamation.
- B. Existing roads, occupied dwellings, pipelines, and bodies of surface water.
- C. Topographic and drainage features.
- D. Proposed trenches, roads, other access routes to be constructed, and structures to be constructed.

¹ The map shall show the courses and distances of such exploration activity from two permanent points or landmarks on the tract; the approximate location areas in which test holes or core or stratigraphic holes may be drilled; name of the owner; and boundaries and acreage of the tract on which exploration activity is to take place.

- E. Proposed land excavations, exploration holes or other drill holes or underground openings. (The locations of the proposed or actual exploration drill holes and the permanent points shall be shown in accordance with the Virginia State Plane Coordinate System.)
- F. Excavated earth or waste material disposal areas.
- G. Critical habitats of any endangered or threatened species listed pursuant to the Endangered Species Act of 1973.
- H. Known Archeological, Cultural or Historic Resources.

- 21. Attach a narrative describing how each exploration hole shall be drilled, redrilled, plugged and/or abandoned.
- 22. Attach a radiation management plan that outlines procedures for monitoring and minimizing radiation exposure to workers, the public and the environment.

CERTIFICATION/SIGNATURE

I, _____, state that all the presentations contained in
(Print Name)

the foregoing application are true to the best of my knowledge; and that I am the () executive officer), () general partner), () sole proprietor), or () legal representative of the applicant, duly authorized to make this application on its/his/her behalf.

On behalf of the applicant, I hereby authorize the Virginia Division of Mineral Mining to conduct such safety/reclamation inspections as it may deem necessary or as may be required by law on this exploration operation.

Signature Title

subscribed and sworn/affirmed to, this _____ day of _____, _____
(Month) (Year)