

**FORM 5**

**APPLICATION TO RECORD  
A MINERAL CLAIM(S)**

*(Mining Act, S.N.B. 1985, c.M-14.1, s. 48(1))*



**FOR DEPARTMENT USE ONLY**

**TO BE COMPLETED BY PROSPECTOR WHO STAKED MINERAL CLAIM(S) OR PROSPECTOR IN WHOSE NAME THE MINERAL CLAIMS(S) HAS / HAVE BEEN STAKED**

A maximum of 25 mineral claims may be applied for on this form as long as all the claims

- (a) were staked by the same prospector, and
- (b) are a group of contiguous mineral claims staked in the name of the same individual, corporation or partnership.

Full Name of Applicant	Prospecting License No.	Date Licence Issued
Mailing Address		Postal Code 

Dated at \_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

General Location of Mineral Claims	Project or Group Name of Mineral Claims	County	N.T.S. (eg. 21 P/12)
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Record in Name of Applicant?  Yes  No If "No", enter the following information regarding the prospector in whose name the claim(s) is / are to be recorded:

Full Name	Prospecting Licence No.	Date Licence Issued
Mailing Address		Postal Code 

If the prospector in whose name the claim(s) is / are to be recorded is not a resident of New Brunswick, name and address of person residing in New Brunswick upon whom services may be made:

If the owner(s) of the private land (or the lessee(s) of Crown Lands) on which the claim(s) is / are located has / have been notified of the staking under s.44 of the MINING ACT

Check one:  Yes  No  Not applicable

Metal Tag number	When Staked (as marked on #1 post)		FOR DEPARTMENT USE ONLY														
	Completion Time	Date	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
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The mineral claim(s) was / were duly recorded by me on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

60-1959 (8/93) (OVER) Recorder \_\_\_\_\_

This application must have attached to it a map at a scale of 1:50,000 or more detailed, showing the position of the mineral claim in relation to recognizable topographic features and to adjoining claim areas or lease areas, if any, and showing the position of all mineral claim posts on the ground, identifying witness posts and the letters "W.P." and indicating the direction and distance to the true corner posts.

**CERTIFICATE**

I, the undersigned, hereby certify:

1. That I have staked in accordance with the MINING ACT and the regulations the mineral claim(s) on the lands described in this application and shown on the attached map.
2. That I have shown on the attached map the position of all mineral claims applied for in relation to topographic features and to adjoining claim areas or lease areas and I have shown all claim posts, including any witness posts and the direction and distance of each witness post to the true corner post.
3. That the positions, directions and distances shown on the attached map are as accurate as could be ascertained.
4. That all statements and particulars set forth in this application and shown on the attached map are true and complete.
5. That at the time of staking there was nothing upon the lands to indicate that they were not open to be staked and I believe they were so open.
6. That the staking is valid and should be recorded.

Dated at \_\_\_\_\_, the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

*NOTE*

*A PENALTY IS IMPOSED FOR MAKING A FALSE STATEMENT IN THIS CERTIFICATE*

60-1959 (3/83)

93-175