APPLICATION TO CONVERT GROUND STAKED CLAIMS TO MAP STAKED MINERAL CLAIM UNIT(S)

TO BE COMPLETED BY CLAIM HOLDER OR DESIGNATED SIGNING OFFICER WHO IS REQUESTING THE CONVERSION OF GROUND STAKED CLAIM TO MAP STAKED UNITS. UPON SUBMISSION OF THIS FORM, THE APPLICANT AGREES TO THE LOCATION OF THE GROUND STAKED CLAIM AS PORTRAYED ON THE CLAIM MAPS PROVIDED BY DNR-MPDB AT www.gnb.ca/0078/minerals/index-e.aspx, THIS BINDS THE CLAIM HOLDER TO THE TERMS AND CONDITIONS HEREIN. DNR will inform landowners affected by additional claim areas being acquired.

One form per claim group

Full Name of Claim Holder:	**Prospecting Licence #:**

Mailing Address:	**Postal Code:**

Preferred method of contact in the event of issues:

Tel: ( ) E-mail:

Project or Group Name:	**Group Number:**	**NTS (e.g. 21/P12):**

GROUND STAKED MINERAL CLAIM TAG NUMBERS

List each active *GROUND* staked claim being converted: If more space is required, please attach another page.

(i.e. individually 444221, 444222, 444223 or consecutively 444221-444223)

Total ground staked claims: _____

I hereby agree the above noted ground staked claims are as shown on the claim map or are close enough for conversion purposes

MAP STAKED MINERAL CLAIM UNITS

Select the units that you want to replace your ground staked claims. Include any buffer units that have been assigned to your group. If your claims border another group that you do not own, the adjacent claim holder must also be in agreement as to who has title to the common claim unit(s). A map at a scale of 1:50,000 or more detail must be attached to this application.

Grid	Section	Unit(s)

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Total map staked units: _____

All bordering claim holder forms must be received by the Recorders Office before groups and associated maps are updated.

DATE:

Guidelines can be viewed at www.gnb.ca/0078/minerals

NAME of Claim Holder or authorized signing officer:

SIGNATURE of Claim Holder or authorized signing officer:

This form is for CONVERSION only. Do not use to group, split or transfer claims.