

APPLICATION TO GROUP YUKON PERMITS

	City / Town Phone Number Contact N Signature of applicant:	Fax Number	Territory / Province E-Mail A	Postal Code Address Capacity	
	Phone Number	Fax Number	Territory / Province E-Mail A	Address	
			Territory / Province		
	City / Town		, 	Postal Code	
		Official Service A	aaress – Suite #, Street #		
	Official Service Address – Suite #, Street #				
	Legal Name of Designated Representative OR Authorized Person				
	Designated Representative OR Authorized Person. Attach a letter from the designated representative of each Permit confirming authority.				
E.	Applicant Contact Info	ormation. Double	click on fields to enter inform	nation	
D.	Attachment. Provide evidence that the well will evaluate oil or gas potential for all Permits included in the application.				
C.		of the well to be d	rilled. Double click to insert Latitude	data.	
	Permit Number		Expiry Date of initial term	Expiry Date of initial term	
В.	Grouped Yukon Permits. Map attached. Attach another page if needed.				
A.	A. Reason for this application.Application to Group Permits				
			IS LINE. FOR DEPARTMENT USE y fields, or tab from previous entry		
Time	Received:				
Date	Received:/	M D	Date:	/ / Y M D	
	ord #		Sign	nature of Minister	
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	ich File #	-			