



Save this document before filling

All unsaved data will be lost if you leave this form without saving.

For more information on this form and its legislation, refer to the [Application Guide](#).

Application Form

Complete the entire form (Part A to G).

Please print clearly.



PART A APPLICANT

APPLICANT

Name : Initial: Last Name:

Contact Person

Name : Initial: Last Name: Position:

Mailing Address

Street: Suite#: City:
Territory/Province: Postal Code:

Physical Address (if different from above)

Street: Suite#: City:
Territory/Province: Postal Code:

Contact Info

Telephone Number: () - Email Address:
Fax Number: () -

AUTHORIZED REPRESENTATIVE

Fill this section if a lawyer or other person will be representing you.

Name : Initial: Last Name: Position:

Mailing Address

Street: Suite#: City:
Territory/Province: Postal Code:

Physical Address (if different from above)

Street: Suite#: City:
Territory/Province: Postal Code:

Contact Info

Telephone Number: () - Email Address:
Fax Number: () -

PART B

RESPONDENT PARTY(S)

State the names and addresses of all other parties to the dispute (see section 29 of the *Yukon Surface Rights Board Act*). Include those whose rights and/or interests you believe may be affected by the Application.

RESPONDENT PARTY 1

Name : Initial: Last Name:

Contact Person or Authorized Representative:

Name : Initial: Last Name: Position:

Mailing Address

Street: Suite#: City:
Territory/Province: Postal Code:

Physical Address (if different from above)

Street: Suite#: City:
Territory/Province: Postal Code:

Contact info

Telephone Number: () - Email Address:
Fax Number: () -

RESPONDENT PARTY 2 (IF APPLICABLE)

Name : Initial: Last Name:

Contact Person or Authorized Representative:

Name : Initial: Last Name: Position:

Mailing Address

Street: Suite#: City:
Territory/Province: Postal Code:

Physical Address (if different from above)

Street: Suite#: City:
Territory/Province: Postal Code:

Contact info

Telephone Number: () - Email Address:
Fax Number: () -

ADDITIONAL RESPONDENT(S)

If there are more than two respondents, attach additional pages and number consecutively. Indicate any additional page number here:

PART C

PARTICULARS OF THE DISPUTE

SECTION 1

JURISDICTION OF THE BOARD

Please indicate the legislation or Yukon First Nation Final Agreement provision(s) under which you are making your Application to the Board by checking the relevant box(s) and/or listing the information in the spaces provided.

Yukon Surface Rights Board Act (Canada)

Part II – Settlement Lands

s.42 s.47 s.50 s.51 s.52 s.53 s.55 s.60 s.63

Part III – Mineral Rights Disputes on Non-Settlement Land

s.65 – Which provision of a law of the Legislature of Yukon do you want interpreted? Quartz Mining Act: s.12
Oil and Gas Act: s.69(1)
Placer Mining Act: s.17 s.48(c) s.55(1)
Coal Regulation: s.4 s.17(1)

General

s.75 – Review of an Order

Yukon First Nation Final Agreement

Enter name of the First Nation and list the applicable section(s) of the final agreement.

Name : Section:
Name : Section:

Radiocommunication Act

s.7

Expropriation Act (Canada)

s.35.1

Placer Mining Act (Yukon)

s.18 s.19 s.72

Quartz Mining Act (Yukon)

s.16 s.17 s.108 – Attach written permission from the Minister

Other Legislations

List any other legislation relevant to the Application:

Name of Act : Section:
Name of Act : Section:
Name of Act : Section:
Name of Act : Section:

If you need to indicate more Acts, attach additional pages and number consecutively. Indicate any additional page number here:

PARTICULARS OF THE DISPUTE (Continued)

SECTION 2

DESCRIPTION OF THE DISPUTE

Describe the dispute. Your Application must set out a concise statement of the issues or matters in dispute along with the relevant facts. Include a description of the land involved in the dispute. Attach any additional documents, maps, certificates, etc. and number the pages consecutively.



Continue on next page if you need more space.

PARTICULARS OF THE DISPUTE (Continued)

DESCRIPTION OF THE DISPUTE (CONTINUED)

[Empty space for description of the dispute]

Continue on next page if you need more space.

[Empty box for board file number]

PARTICULARS OF THE DISPUTE (Continued)

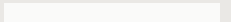
DESCRIPTION OF THE DISPUTE (CONTINUED)



Additional Information and documents

Attach supporting documents, maps, certificates, etc. Please title additional pages and number them consecutively.

List the document below :



PART D

RECORD OF NEGOTIATION EFFORTS

Please list your attempts to negotiate a resolution to the dispute.

ATTEMPT 1

Date (year, month, day): Time: Duration of negotiation attempt:

Contact Initiated By:

Method of contact (check one):

Phone Fax Mail Email In Person (state location):

Persons involved in negotiation effort

Name 1 Name 2 :

Name 3 Name 4 :

Name 5 Name 6 :

Summary of discussion

ATTEMPT 2

Date (year, month, day): Time: Duration of negotiation attempt:

Contact Initiated By:

Method of contact (check one):

Phone Fax Mail Email In Person (state location):

Persons involved in negotiation effort

Name 1 Name 2 :

Name 3 Name 4 :

Name 5 Name 6 :

Summary of discussion

RECORD OF NEGOTIATION EFFORTS (Continued)

ATTEMPT 3

Date (year, month, day): Time: Duration of negotiation attempt:

Contact Initiated By:

Method of contact (check one):

Phone Fax Mail Email In Person (state location):

Persons involved in negotiation effort

Name 1 Name 2 :

Name 3 Name 4 :

Name 5 Name 6 :

Summary of discussion

ATTEMPT 4

Date (year, month, day): Time: Duration of negotiation attempt:

Contact Initiated By:

Method of contact (check one):

Phone Fax Mail Email In Person (state location):

Persons involved in negotiation effort

Name 1 Name 2 :

Name 3 Name 4 :

Name 5 Name 6 :

Summary of discussion

ADDITIONAL ATTEMPTS

If additional attempts were made, attach additional pages and number consecutively. Indicate any additional page number here:

PART E

ORDER REQUESTED

ORDER FOR RELIEF

State concisely the order or relief you are seeking from the Board. It may be helpful to refer to the sections of the YSRB Act or other legislation which empowers the Board to grant the order or relief you are requesting.

Additional Description

If you need additional pages, attach them and number consecutively. Indicate any additional page number here:

PART F

SIGNATURE

DECLARATION

I, , hereby certify that:

- I am duly authorized to make this Application on behalf of the Applicant;
- this Application consists of consecutively numbered pages in total;
- the information contained herein is correct to the best of my knowledge and belief;
- I am aware that this Application and orders and decisions of the Board in respect of this Application will become part of the Board's public record; and
- I am aware that the *Access to Information Act* (Canada) and the *Privacy Act* (Canada) apply to the Yukon Surface Rights Board.

Applicant or duly Authorized Representative

Name : Initial: Last Name: Title:

Signature

Sign here :

Dated at: this day of , 20 .



SUBMITTING YOUR FORM



In person

Yukon Surface Rights Board
206–100 Main Street
Whitehorse, Yukon



By email

info@yukonsurfacerrights.ca



By registered mail

Yukon Surface Rights Board
Box 31201
Whitehorse, Yukon
Y1A 5P7



By facsimile

(866) 637-5091 (toll free)

It is the applicant's responsibility to include all relevant information and supporting documentation for an Application. The Yukon Surface Rights Board will not accept an incomplete Application.

PART G

CERTIFICATE OF DELIVERY OF NOTICE

DECLARATION

I, _____, _____, hereby certify that I have provided written notice of this Application to all respondents and that the notice was delivered by :

Personal service

to the respondent (name(s): _____
and delivered by (name): _____ on (date) _____ at (time, am/pm) _____ and the notice
 took the form of this completed Application, or is attached as page # _____.

Registered mail

to the respondent (name(s): _____
and delivered by (name): _____ on (date) _____ at (time, am/pm) _____ and the notice
 took the form of this completed Application, or is attached as page # _____.

Facsimile

to the respondent (name(s): _____
and delivered by (name): _____ on (date) _____ at (time, am/pm) _____ and the notice
 took the form of this completed Application, or is attached as page # _____.

Email

to the respondent (name(s): _____
and delivered by (name): _____ on (date) _____ at (time, am/pm) _____ and the notice
 took the form of this completed Application, or is attached as page # _____.

Applicant or duly Authorized Representative

Name : _____ Initial: _____ Last Name: _____ Title: _____

Signature

Sign here : _____

Dated at: _____ this _____ day of _____, 20 _____

The Application form and the companion Application Guide are available at

yukonsurfacerrights.ca

Formulaire également disponible en français

S'il vous plaît, contactez:

Directeur exécutif, Office des droits de surface du Yukon, Case postale 31201, Whitehorse (Yukon), Y1A 5P7.
Téléphone : (867) 667-7695. Télécopieur : 1-866-637-5091 (toll free). Courriel : info@yukonsurfacerrights.ca