



## FORM 1 - APPLICATION

(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 : (866-637-5091 toll free. Courriel : [info@yukonsurfacerrights.ca](mailto:info@yukonsurfacerrights.ca) Web: [www.yukonsurfacerrights.ca](http://www.yukonsurfacerrights.ca).)

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**NOTE: Complete the entire form and please print clearly.**

The Application form and the companion Application Guide are available online at the Board's website: [www.yukonsurfacerrights.ca](http://www.yukonsurfacerrights.ca) . Please attach additional pages if necessary and number consecutively.

### PART A. APPLICANT

<b>Name of Applicant:</b>		<b>Name and Position of Contact Person:</b>	
<b>Mailing Address:</b>			
<b>Street Address:</b>		<b>Suite#:</b>	
<b>City:</b>	<b>Territory/Province:</b>	<b>Postal Code:</b>	
<b>Physical Address (if different from above):</b>			
<b>Street Address:</b>		<b>Suite#:</b>	
<b>City:</b>	<b>Territory/Province:</b>	<b>Postal Code:</b>	
<b>Telephone Number:</b>		<b>Fax Number:</b>	
(     )     -		(     )     -	
<b>Email Address:</b>			

Will a lawyer or other person be representing you?     Yes     No

If yes, provide the contact information of the Authorized Representative below.

<b>Name of Authorized Representative:</b>		<b>Name of Firm or Company (if applicable):</b>	
<b>Mailing Address:</b>			
<b>Street Address:</b>		<b>Suite#:</b>	
<b>City:</b>	<b>Territory/Province:</b>	<b>Postal Code:</b>	
<b>Physical Address (if different from above):</b>			
<b>Street Address:</b>		<b>Suite#:</b>	
<b>City:</b>	<b>Territory/Province:</b>	<b>Postal Code:</b>	
<b>Telephone Number:</b>		<b>Fax Number:</b>	
(     )     -		(     )     -	
<b>Email Address:</b>			



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**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. If there are more than two respondents, attach additional pages and number consecutively.

**RESPONDENT PARTY 1**

<b>Name of Respondent Party:</b>	<b>Name and Position of Contact Person or Authorized Representative:</b>
<b>Mailing Address:</b>	
<b>Street Address:</b>	<b>Suite#:</b>
<b>City:</b>	<b>Territory/Province:</b>
<b>Postal Code:</b>	
<b>Physical Address (if different from above):</b>	
<b>Street Address:</b>	<b>Suite#:</b>
<b>City:</b>	<b>Territory/Province:</b>
<b>Postal Code:</b>	
<b>Telephone Number: (    )    -</b>	<b>Fax Number: (    )    -</b>
<b>Email Address:</b>	

**RESPONDENT PARTY 2 (if applicable)**

<b>Name of Respondent Party:</b>	<b>Name and Position of Contact Person or Authorized Representative:</b>
<b>Mailing Address:</b>	
<b>Street Address:</b>	<b>Suite#:</b>
<b>City:</b>	<b>Territory/Province:</b>
<b>Postal Code:</b>	
<b>Physical Address (if different from above):</b>	
<b>Street Address:</b>	<b>Suite#:</b>
<b>City:</b>	<b>Territory/Province:</b>
<b>Postal Code:</b>	
<b>Telephone Number: (    )    -</b>	<b>Fax Number: (    )    -</b>
<b>Email Address:</b>	

*If there are more than two respondents, attach additional pages and number consecutively.*



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**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                   Placer Mining Act    s. 17    s. 48(c)    s. 55(1)  
                  Oil and Gas Act    s. 69(1)                   Coal Regulation    s. 4    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 of First Nation: \_\_\_\_\_ Section(s) \_\_\_\_\_  
 Name of First Nation: \_\_\_\_\_ Section(s) \_\_\_\_\_

**Radiocommunication Act (Canada)**

- 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 if required.

List other legislation (if any) relevant to the Application:

- Name of Act: \_\_\_\_\_ Section(s) \_\_\_\_\_  
 Name of Act: \_\_\_\_\_ Section(s) \_\_\_\_\_  
 Name of Act: \_\_\_\_\_ Section(s) \_\_\_\_\_  
 Name of Act: \_\_\_\_\_ Section(s) \_\_\_\_\_

*Please attach additional pages if necessary and number consecutively.*



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**PART C. PARTICULARS OF THE DISPUTE – 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.

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**PART C. PARTICULARS OF THE DISPUTE – Section 2: Description of the Dispute (CONTINUED)**

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*Please attach additional pages if necessary and number consecutively.*



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**PART D. RECORD OF NEGOTIATION EFFORTS**

Please list your attempts to negotiate a resolution to the dispute. Attach additional pages, if necessary, and number consecutively.

1

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contact Initiated By: \_\_\_\_\_ Duration of negotiation attempt: \_\_\_\_\_

Method of contact (check one):  
 In Person (state location): \_\_\_\_\_  Phone  Fax  Mail  Email

Name of persons involved in negotiation effort: \_\_\_\_\_

\_\_\_\_\_

Summary of discussion:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

2

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contact Initiated By: \_\_\_\_\_ Duration of negotiation attempt: \_\_\_\_\_

Method of contact (check one):  
 In Person (state location): \_\_\_\_\_  Phone  Fax  Mail  Email

Name of persons involved in negotiation effort: \_\_\_\_\_

\_\_\_\_\_

Summary of discussion:

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**PART D. RECORD OF NEGOTIATION EFFORTS (CONTINUED)**

<b>3</b>	Date: _____ Time: _____ Contact Initiated By: _____ Duration of negotiation attempt: _____ Method of contact (check one): <input type="checkbox"/> In Person (state location): _____ <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email Name of persons involved in negotiation effort: _____ _____ _____ Summary of discussion: _____ _____ _____ _____ _____ _____ _____
	Date: _____ Time: _____ Contact Initiated By: _____ Duration of negotiation attempt: _____ Method of contact (check one): <input type="checkbox"/> In Person (state location): _____ <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email Name of persons involved in negotiation effort: _____ _____ _____ Summary of discussion: _____ _____ _____ _____ _____ _____ _____

*Please attach additional pages if necessary and number consecutively.*



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**PART E. ORDER REQUESTED**

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.

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*Attach additional pages, if necessary, and number consecutively.*





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**PART F. SIGNATURE**

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.

Name of Applicant or duly Authorized Representative (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature : \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

**PART G. CERTIFICATE OF DELIVERY OF NOTICE**

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 (enter respondent's name(s)) \_\_\_\_\_

and delivered by (name) \_\_\_\_\_

on (date) \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. and the notice

- took the form of this completed Application, or
- is attached as page # \_\_\_\_\_.

Registered mail to (enter respondent's name(s)) \_\_\_\_\_

on (date) \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. and the notice

- took the form of this completed Application, or
- is attached as page # \_\_\_\_\_.

Facsimile to (enter respondent's name(s)) \_\_\_\_\_

on (date) \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. and the notice

- took the form of this completed Application, or
- is attached as page # \_\_\_\_\_.

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

***The Application must be submitted to the Board by personal service, registered mail, Email or facsimile.***

**Mailing address:**

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

**Physical address:**

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

**Fax** 1-866-637-5091    **Tel:** (867) 667-7695    **Email:** [info@yukonsurfacerrights.ca](mailto:info@yukonsurfacerrights.ca)