

**NOTIFICATION OF OTHER OPERATORS  
TO MINE UNDER LICENSE**

Licensed Operator:

License Number:

Legal Location:

County:

Operator being allowed to mine under this license:

Name:

Address:

By signing this form, I am allowing the above operator to work under my mine license at the above legal location. I am aware that I will be responsible for any required reclamation for the mining done under my license.

***I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.***

\_\_\_\_\_  
Licensed Operator's Signature

\_\_\_\_\_  
Date

Please mail to:

Department of Agriculture and Natural Resources  
Minerals, Mining, and Superfund Program  
523 East Capitol  
Pierre, SD 57501-3182  
605 773-4201; Fax: 605 773-5286