Logo, company name

Description automatically generated

Coal Section

Prospecting Revision Form

*This application form is pursuant to Title 82, Chapter 4, Part 2, Montana Code Annotated (MCA) requiring permits for prospecting coal.*

**SECTION A – Applicant Information**

1. Permit ID Number:
2. Name of Applicant:   
   Address:   
   City:  State:  Zip Code:

**SECTION B– Purpose of Revision**

1. Purpose of Revision *(check all that apply)*:
   1. Update to Bond Calculation
   2. Road Improvement/Construction
   3. Update to Reclamation Plan
   4. Addition of Mud Pits
   5. Addition of Disposal Pits
   6. Artesian Conditions
   7. Change in Number of Holes
   8. Soils/Spoils
   9. Vegetation
   10. Hydrology
   11. Engineering
   12. Other:
2. If there are changes to Permit Acreage and/or Prospecting Data please fill out table(s) below:

|  |  |  |
| --- | --- | --- |
| **Breakdown Changes + or -** | **Permit Acreage Mineral** | **Permit Acreage Surface** |
| **Federal:** | **0** | **0** |
| **Tribal:** | **0** | **0** |
| **State:** | **0** | **0** |
| **Private:** | **0** | **0** |
| **County:** | **0** | **0** |
| **Total:** | **0** | **0** |

|  |  |
| --- | --- |
| **Prospecting Data** | |
| **Twinned Holes:** | **0** |
| **Individual Holes:** | **0** |
| **Sites:** | **0** |
| **Mud Pits:** | **0** |
| **Disposal Pits:** | **0** |
| **Road Improvement:** | **0** |
| **Road Construction:** | **0** |

1. Are there changes to the legal description:  **Yes**  
   If **Yes**, please describe:
2. Are there updated maps:  **Yes**   
   Are PDF/ CAD files attached: **Yes**   
   If **Yes**, please list:

**SECTION D – CERTIFICATION \*MUST BE CONSISTENT WITH DESIGNATION OF PERMIT COORDINATOR**

I, the undersigned, hereby certify that the materials and information contained in this application are complete and correct to the best of my knowledge and belief.

**Signature:**

**Title:**

**Date:**

Subscribed and sworn to before me, the under­signed, a Notary Public for the State of this day of , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public for the State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residing at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SEAL)