

2025

EXPLORATION LICENSE ANNUAL REPORT AND RENEWAL FORM

[Pursuant to § 82-4-331 et seq. Montana Code Annotated]



Steps 1 through 4 must be completed in order to renew your exploration license.

1. Exploration License # _____

Return via mail: DEQ Hard Rock Mining Bureau
P.O. Box 200901
Helena, MT 59620

2. \$25 Payment Method: Check Credit Card

Return electronically: DEQSMESandExploration@mt.gov
Questions? (406) 444-3920

3. Licensee Information

LICENSEE CONTACT INFORMATION	
Name of Licensee	
Address	
City, State/Province, Zip/Postal Code	
Phone Number	E-mail Address
Contact Person (Please Print)	
Signature	

COMPANY PRINCIPALS/CONTROLLING MEMBERS (if Licensee is not an individual)

Name	Role

The Department of Environmental Quality requires a licensee to provide a list of its principals and their corresponding firm or business associations of which the licensee or principal is or was a principal or controlling member and that previously has been issued an Exploration License, Operating Permit, or Small Miner Exclusion Statement under the Metal Mine Reclamation Act. For individual licensees, the licensee may likely also be considered the principal.

BUSINESS ASSOCIATIONS

Name	Business/Organization	Role

PLEASE NOTE: All licensees who currently have a bond held by DEQ must maintain a current license by renewing annually, regardless of whether exploration work is anticipated in the coming year.

If DEQ currently holds a bond for your license, and you do not renew your license annually, you will be required to submit any missing annual reports and renewal fees before you are able to undertake exploration activities or apply for bond release.

EXPLORATION LICENSE ANNUAL REPORT

(Please attach additional pages to this form, if needed)

Site Coordinates (decimal degrees only): Latitude: _____. _____ Longitude: - _____. _____
Example: 46.58752 -112.01320

County: _____ Name of Project (if applicable): _____

Landowner Information (check all that apply):

Private* US Forest Service Bureau of Land Management DNRC

*If private, please complete the following:

Private Landowner Name: _____ Phone Number: _____
Landowner E-mail: _____

Method of Exploration (check all that apply):

Placer/Dredge Trenching Drilling Underground

Other (describe): _____

PROJECT NAME	LAND OWNERSHIP	DESCRIBE ACTIVITIES IN PREVIOUS 12 MONTHS

Please describe any anticipated activity that will occur during the next calendar year: (This includes any new projects, new work at existing project, continuation of approved work, reclamation of disturbance, bond release requests, etc.)

4. Please be advised that:

The operator hereby authorizes the Employees and Inspectors of DEQ, at reasonable times and upon presentation of appropriate credentials, to enter upon and have access to, any and all lands covered by this permit exclusion and to inspect or monitor any activities associated with the operation and permit exclusion.

Exploration Holder

Date