



Mines & Minerals Act 2009

FORM TO ACCOMPANY SUBMISSION OF RESULTS & DATA OF AN AIRBORNE SURVEY

| | | |
|---|---------------------------|-------------------|
| 1. Name of licence holder | | |
| 2. Type of licence | | |
| 3. Licence number | | |
| 4. Name of licence area | | |
| 5. Type(s) of survey | | |
| a. Remote sensing. Type (s): | b. Geophysical. Type (s): | |
| | | |
| 6. Date survey began | | Date survey ended |
| | | |
| 7. Name of company carrying out survey (e.g. subcontractor) | | |
| | | |
| 8. Person responsible for flying programme | | |
| | | |
| 9. Name and position of person making report | | |
| | | |
| 10. Aircraft type and registration | | |
| | | |
| 11. Sensors carried (list all) | | |
| | | |
| 12. Outputs from survey (list all interpretation, maps etc - may be attached) | | |
| | | |

13. Nominal flying height (metres above ground)

14. Name(s) of pilot(s)

15. Total line kilometres flown

16. Area covered by survey (km²)

17. Total line kilometres processed

18. Area processed (km²)

19. Area interpreted (km²)

20. Accidents or incidents (attach full report) (if none, write 'none')

Description of accompanying report (to be prepared according to Guidelines E1)

21. Report title

22. Authors(s)

23. Serial No. of report

24. Date of report

25. No. of printed copies supplied (min 2)

26. No. of volumes

27. No. of loose plans/plots per copy

28. Flight plan showing lines flown (including tie lines) and area covered in relation to licence area

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29. Digital data provided (tick items and indicate data formats). Full details must be provided in the report including processing software used and any protection codes

| | | |
|---|--------|--|
| <input type="checkbox"/> Report (pdf) | Format | |
| <input type="checkbox"/> Raw data (all sensors) | Format | |
| <input type="checkbox"/> Processed data (all sensors) | Format | |
| <input type="checkbox"/> Derivative data (all sensors) | Format | |
| <input type="checkbox"/> Interpreted data (all sensors) | Format | |

Signature

| |
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31. Date

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For Official Use by Mining Cadastre Office

Date Received

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Name of receiving officer

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Signature of receiving officer

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Documentation checked by

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Date and Exact Time Registered

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Official registration number

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Acknowledgment of receipt issued? (Y/N) (Form D23)

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Name of registering officer

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Signature of registering officer

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Date forwarded to Director, Director of Mines and Minister

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Please complete all boxes (or enter `none, N/A etc) and provide all attachments as necessary. Attachments should be numbered to correspond to this form. This application will be deemed incomplete and consequently invalid if any required information is not provided.

Four copies of this form and of attachments must be submitted (two copies only of any bound technical reports, if applicable).

The complete application should be submitted to the Mining Cadastre Office and a receipt obtained.