

DOGAMI – MINED LAND RECLAMATION
229 BROADALBIN STREET SW
ALBANY, OR 97321-2246
(541) 967-2039

TRANSFER OF GRANT OF LIMITED EXEMPTION
Under ORS 517.750-990

INSTRUCTIONS & REQUIREMENTS

1. Complete all sections (on reverse). *The signatures of all parties are required.*
2. Submit proof of land ownership – a current report from a licensed title company that may be referred to as a trio, listing packet, or consumer information report (free of charge).
3. Return the completed form and the \$250 processing fee to:

Department of Geology (DOGAMI)
229 Broadalbin Street SW
Albany OR 97321-2246

4. Transfer applicant must be registered to operate a business in Oregon (Secretary of State Corporation Division).
5. If the site has an associated DEQ water quality permit, a separate DEQ transfer form and fee must be submitted to DEQ.

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Read all instructions on reverse before completing.

SITE INFORMATION

<i>County</i>		<i>Tax Lot(s)</i>	
<i>Township</i>		<i>Site Name</i>	
<i>Range</i>		DOGAMI ID #	
<i>Section</i>		DEQ FILE #	<i>(if applicable)</i>

NAME & ADDRESS INFORMATION

	<i>Current Permittee</i>	<i>Transfer Applicant (New Permittee)</i>
<i>Name</i>		
<i>Site Contact Name</i>		
<i>Address</i>		
<i>Mailing Address</i>		
<i>City/State/Zip</i>		
<i>E-Mail</i>		
<i>Phone</i>		
<i>Fax</i>		

	<i>Landowner (If Different from New Permittee)</i>	<i>Mineral Estate Owner (If Different from New Permittee)</i>
<i>Name</i>		
<i>Address</i>		
<i>Mailing Address</i>		
<i>City/State/Zip</i>		
<i>E-Mail</i>		
<i>Phone</i>		
<i>Fax</i>		

SIGNATURES

By signing this application, the transfer applicant (new permittee) acknowledges and accepts responsibility for applicable requirements. The applicant agrees to stabilize all eligible exempt lands in accordance with ORS 517.770 and OAR 632-030-0017 of the Department of Geology and Mineral Industries.

Transfer Applicant (New Permittee): _____
Signature
Title
Date

Current Permittee: _____
Signature
Title
Date

Landowner (if applicable): _____
Signature
Title
Date

Mineral Estate Owner (if applicable): _____
Signature
Title
Date