

STATEMENT OF RESPONSIBILITY FOR NEW OPERATOR OF RECORD

For Corporations and Limited Liability Companies
Reference: Public Resources Code Sections 2773.1(c) and 2772(c)(10)
Revised 11/15/16

MINE NAME: _____ CALIFORNIA MINE ID #: 91- _____

LEAD AGENCY: _____ CONDITIONAL USE PERMIT #: _____

DATE OF SALE OR TRANSFER: _____

As of the date of sale or transfer noted herein, _____ [Entity Name] is the new operator of the surface mining operation referenced above, and pursuant to Public Resources Code sections 2773.1, subdivision (c), and 2772, subdivision (c)(10), _____ [Entity Name] accepts responsibility for reclaiming the mined lands in accordance with the reclamation plan approved by the _____ [Lead Agency] on _____ [date], including all amendments.

Check one:

<input type="checkbox"/>	Pursuant to Public Resources Code section 2773.1, subdivision (c), a financial assurance mechanism that is at least equal to the lead agency approved financial assurance cost estimate dated _____ has been posted on behalf of the new operator of record.	Date Posted: _____
	Mechanism Type (check one) <input type="checkbox"/> Surety Bond <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Other: _____	

or

<input type="checkbox"/>	Pursuant to Public Resources Code section 2773.1, subdivision (c), a financial assurance mechanism, that is at least equal to the lead agency approved financial assurance cost estimate dated _____ will be posted by _____ [date] on behalf of the new operator of record.	
	Mechanism Type (check one) <input type="checkbox"/> Surety Bond <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Other: _____	

I _____ [print name], certify that I am authorized by _____ [Entity Name] to sign this Statement of Responsibility on its behalf and to submit this information to the Department of Conservation and _____ [Lead Agency] and that the information stated herein is true and accurate.

Printed Name of Responsible Party

Signature of Responsible Party

Date

FOR DEPARTMENT USE ONLY (completed by staff after approval of project)	
SMARA Database Entry Date	Analyst Initials

CHANGE OF ADDRESS FORM

For Corporations and Limited Liability Companies
Revised 11/15/16

MINE NAME: _____

CALIFORNIA MINE ID #: 91- _____

New Operator Business Structure: (check one)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
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NEW OPERATOR OF MINING OPERATION

1. NAME: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
BUSINESS PHONE: _____ FAX: _____
CELL PHONE: _____ EMAIL: _____

OWNER OF MINING OPERATION

Same as
#1

2. NAME: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
BUSINESS PHONE: _____ FAX: _____
CELL PHONE: _____ EMAIL: _____

ON-SITE CONTACT

Same as
#1

3. NAME: _____ EMAIL: _____
BUSINESS PHONE: _____ CELL PHONE: _____

LAND OWNER

Same as
#1

4. NAME: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
BUSINESS PHONE: _____ FAX: _____
CELL PHONE: _____ EMAIL: _____

NEW DESIGNATED AGENT (Person/entity authorized to receive service of process on behalf of operation)

Same as
#1

5. NAME: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
BUSINESS PHONE: _____ FAX: _____
CELL PHONE: _____ EMAIL: _____

I _____ [print name], certify that I am authorized by _____
[New Operator] to sign this Change of Address form on its behalf and to submit this information to the
Department of Conservation and _____ [Lead Agency] and that the information
stated herein is true and accurate.

SIGNATURE OF AUTHORIZED OFFICER

TITLE OF AUTHORIZED OFFICER

DATE