

# STATEMENT OF RESPONSIBILITY FOR NEW OPERATOR OF RECORD

For Individuals and Partnerships

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, \_\_\_\_\_  
[Print Individual or All Partners Names] is/are the new operator(s) of the surface mining operation referenced above, and pursuant to Public Resources Code sections 2773.1, subdivision (c) and 2772, subdivision (c)(10), \_\_\_\_\_ [Individual or All Partners Names] 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:

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)

Surety Bond     Certificate of Deposit     Letter of Credit     Other: \_\_\_\_\_

or

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)

Surety Bond     Certificate of Deposit     Letter of Credit     Other: \_\_\_\_\_

On behalf of myself, or on behalf of the above named partners I certify that I am authorized to sign this Statement of Responsibility 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 Individual

\_\_\_\_\_  
Title of Individual

\_\_\_\_\_  
Date

## FOR DEPARTMENT USE ONLY

(completed by staff after approval of project)

\_\_\_\_\_  
SMARA Database  
Entry Date

\_\_\_\_\_  
Analyst  
Initials

# CHANGE OF ADDRESS FORM

For Individuals and Partnerships  
Revised 11/15/16

MINE NAME: \_\_\_\_\_

CALIFORNIA MINE ID #: 91- \_\_\_\_\_

<b>New Operator Business Structure:</b> (check one)	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
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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 individually or by the partnership to sign this Change of Address form 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