



# REPUBLIC OF LIBERIA

## Ministry of Mines & Energy

P. O. Box 10-9024

1000 Monrovia 10 LIBERIA, WEST AFRICA

<http://mme.gov.lr>



For Official Use Only:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Application No. \_\_\_\_\_

### Application Form for Mining and Mineral-Related Licenses

#### \*1.0 License Application Types

(Tick the appropriate box)

License Types		Others	
Reconnaissance	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Prospecting	<input type="checkbox"/>	Modification	<input type="checkbox"/>
Exploration	<input type="checkbox"/>	Extension	<input type="checkbox"/>
Class A Mining	<input type="checkbox"/>	Transfer	<input type="checkbox"/>
Class B Mining	<input type="checkbox"/>	Relinquishment	<input type="checkbox"/>
Broker	<input type="checkbox"/>	Addition of Area	<input type="checkbox"/>
Dealer/Export	<input type="checkbox"/>	Suspension of work	<input type="checkbox"/>
Jewelery	<input type="checkbox"/>		<input type="checkbox"/>
Rock Quarry	<input type="checkbox"/>		<input type="checkbox"/>
Sand Quarry	<input type="checkbox"/>		<input type="checkbox"/>

\*2.0 Mineral (s) Commodity: \_\_\_\_\_

\*3.0 Application type

Natural person	Company
<input type="checkbox"/>	<input type="checkbox"/>

\*4.0 Applicant Details:

\*4.1 Full Name of Applicant: \_\_\_\_\_

\*4.2 Full Name of Contact Person: \_\_\_\_\_

\*4.3 Nationality of Contact Person \_\_\_\_\_

5.0 Applicant's Full Address:

\*5.1 Address in Liberia:

\*Street: \_\_\_\_\_ \*City: \_\_\_\_\_

Administrative District: \_\_\_\_\_ \*County: \_\_\_\_\_

\*Mobile No: \_\_\_\_\_

\* Email Address/WhatsApp No: \_\_\_\_\_

\*Indicate required fields. Application will not be processed if these fields are not filled in. Misrepresentation or provision of false information to obtain a license constitutes grounds for revocation. Applicants can look up their applications @ [portal.mme.gov.lr](http://portal.mme.gov.lr)



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\*Tax Identification Number (TIN) \_\_\_\_\_ \*Business Registration No. \_\_\_\_\_

*UTM Coordinates of Office Location in Liberia	Easting	Northing

### Optional

#### 5.2 Foreign Address: (If Applicable)

Street: \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Business Registration No. \_\_\_\_\_

#### \*6.0 License Application Coordinates

Coordinates MUST be projected using WGS84 UTM Zone 29N

No.	X(Easting)	Y(Northing)
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### 6.1 Additional Coordinates Sheet:

Yes	No

\*7.0 License Location

\*County: \_\_\_\_\_ Mining District: \_\_\_\_\_

Prospecting License Number (if applying for Class B Mining License): \_\_\_\_\_

### 8.0\* Documents to be provided with application

Type of document	Natural Person	Company	Comments
Identity: National Identification Card of the Republic of Liberia			Required for <b>all Liberians and Foreign Nationals</b> residing in Liberia applying for license
Identity: Passport/Others			Required for <b>non-Liberians</b> residing in and out of Liberia applying for license
Evidence of Financial Capability, i.e., bank statement with bank cover letter, audited financial statement, performance, bond, tax clearance, etc.			Required for Exploration, Reconnaissance, Prospecting, Class B, and Dealer/Export
Business Registration Certificate			Required for all application types
Notarized Article of Incorporation			Required for all application types
Company ownership details			Required for all application types
Proof of Technical Competence			Required for all application types
Work program and budget			Required for Prospecting and Class B. Exploration and Reconnaissance applicants <b>MUST</b> submit preliminary work program and budget at application and submit final work program and budget within 30 days after issuance of license
Clearance from Mining agent (applicable to prospecting and site visitation report either from Geologist or Mining Engineer)			Required for Prospecting and Class B

I, the undersigned, being the applicant for the license or the person authorized to sign on behalf of the applicant, declare that the information given in this application is true and correct. I, also declare that any false or misleading information provided on this form automatically nullifies this document and or license if issued.

\_\_\_\_\_  
\*Name of Applicant

\_\_\_\_\_  
\*Signature of Applicant

\_\_\_\_\_  
\*Date

\*Indicate required fields. Application will not be processed if these fields are not filled in. Misrepresentation or provision of false information to obtain a license constitutes grounds for revocation. Applicants can look up their applications @ [portal@mme.gov.lr](mailto:portal@mme.gov.lr)



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### Additional Coordinates

No.	X(Easting)	Y(Northing)
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### \*List of Beneficial Owners

No	Name	Nationality	Country of Residence	Number of Shares	Contact Number	Politically Exposed Person?	
1						Yes	No
2						Yes	No
3						Yes	No
4						Yes	No
5						Yes	No
6						Yes	No
7						Yes	No
8						Yes	No
9						Yes	No
10						Yes	No
11						Yes	No
12						Yes	No
13						Yes	No
14						Yes	No
15						Yes	No

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