



Mined Land Reclamation Program

ASSIGNMENT OF CERTIFICATE OF DEPOSIT

I, _____, do hereby assign, in full, to the Kansas Department of Agriculture,
 (Representative of Mining Company)
 Division of Conservation, Certificate of Deposit Number _____ issued by
 _____ in the amount of \$_____. This Certificate,
 (Financial Institution)
 effective date _____, expiration date _____ (if any) is to be held as
 security for all reclamation liabilities incurred by _____, _____ in the conduct
 (Mining Company) (License Number)
 of mining activities pursuant to K.S.A. 49-608.

This assignment is to be a continuing one with full power of substitution.

Bond amounts are as follows:

\$400 per acre for sand and gravel mining operations
 \$600 per acre for all other types of mining operations

Bond requirements:

Company Name
 License Number
 Financial Institution
 Bond Number
 Amount of Bond
 Effective Date of Bond
 Expiration Date of Bond
 Sites that Bond is Assigned To

Bond is to be assigned to Kansas Department of Agriculture/Division of Conservation

Please check the box notating that the Certificate of Deposit is attached
 and that it meets the above-listed requirements.

Please list the site registration information for all sites to be operated under this Bond

SITE INFORMATION

Site No.	Site Name	County	Legal Description				East/ West	Acres Bonded
			Q	S	T	R		

Company/Principal Representative

I, as a representative of the above-named company, certify that the above information is correct to the best of my knowledge, and that the above-named company has the authority to operate a mine on the sites listed on page two of this document and that the above-named company has complied with all local, state and federal requirements pursuant to K.S.A. 49-607(7).

First Name _____ **MI** _____ **Last Name** _____

Title _____ **Date** _____

Signature _____

Financial Institution (To be completed by bank or surety)

Name of Financial Institution _____

Street Address 1 _____

Street Address 2 _____

City _____ **State** _____ **Zip** _____

First Name _____ **MI** _____ **Last Name** _____

Title _____ **Date** _____

Signature _____

(Bank Official or Surety Attorney-in-Fact)

Please submit this form and Certificate of Deposit to:

**Kansas Department of Agriculture
Division of Conservation
Mined Land Reclamation Program
1320 Research Park Drive**

Manhattan, Kansas, 66502

785-564-6620 FAX 785-564-6778

OFFICE

For Division of Conservation Use Only

Accepted by _____ **Date** _____

Title _____