

DRMS ePermitting Change of Contact



COLORADO
Division of Reclamation,
Mining and Safety
Department of Natural Resources

General Information

Submittal Date

9/18/2020

The ePermitting Contact Change form is used to update the contact information for the Permittee, Permitting and/or Inspection contact information.

Administrator Information

Administrator First Name

Jim

Administrator Last Name

Reed

Administrator Email

mac.reed@icloud.com

Select a Permit Number *

M2018064

Select Contact Type *

Select all that apply

☒ Permittee Contact ☐ Permitting Contact ☐ Inspection Contact ☐ Additional Annual Fee
Contact(s)

Permittee Contact Information

Permittee Company Name

2nd Generation Mining, LLC

Name change requires succession of operator application

Salutation

Mr

First Name

Jim

Middle Initial**Last Name**

Reed

Address 1

11786 Shadow Trail Drive SW

Address 2**City**

Brainerd

State

MN

Zip Code

56401

Telephone #

2183305697

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address

mac.reed@icloud.com

Confirmation

Have you reviewed all the information provided on this form? *



Yes