

DRMS ePermitting Change of Contact



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

General Information

Submittal Date

4/18/2023

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

Tim

Administrator Last Name

Brown

Administrator Email

tim.brown@okapiresources.com

Select a Permit Number *

P2021019

Select Contact Type *

Select all that apply

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

Permittee Contact Information

Permittee Company Name

Usuran Resources Inc.

Name change requires succession of operator application

Salutation

Mr

First Name

Tim

Middle Initial**Last Name**

Brown

Address 1

142 El Dorado Drive

Address 2

PO Box 776

City

South Fork

State

CO

Zip Code

81154

Telephone #

7193063065

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address

tim.brown@okapiresources.com

Permitting Contact Information**Permitting Company Name**

Usuran Resources, Inc

Salutation	First Name	Middle Initial	Last Name
Mr	Tim		Brown

Address 1	Address 2
142 El Dorado Drive	PO Box 776

City	State	Zip Code
South Fork	CO	81154

Telephone #	Extension	Fax #
7193063065 Digits only, no separators		Digits only, no separators

Email Address

tim.brown@okapiresources.com

Inspection Contact Information**Inspection Company Name**

Usuran Resources, Inc

Salutation	First Name	Middle Initial	Last Name
Mr	Tim		Brown

Address 1	Address 2
142 El Dorado Drive	PO Box 776

City	State	Zip Code
South Fork	CO	81154

Telephone #	Extension	Fax #
7193063065 Digits only, no separators		Digits only, no separators

Email Address

tim.brown@okapiresources.com

Annual Fee Notice to Copy

Additional people you would like to receive notices of upcoming annual fee/report due dates

Remove Existing Contact?

☒ Remove

Salutation

Mr

First Name *

Alan

Middle Initial

Last Name *

Roberts

Remove Existing Contact?

☐ Remove

Salutation

Mr.

First Name *

Jim

Middle Initial

Last Name *

Viellenave

Annual Fee Notice Company Name

Address 1

PO Box 2047

Address 2

City

Evergreen

State

CO

Zip Code

80437

Telephone #

3038849208

Digits only, no separators

Extension

Fax #

Digits only, no separators

Email Address

jim.viellenave@okapiresources.co
m

Confirmation

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

☒ Yes