



NOTIFICATION FORM

Fisheries and Oceans Canada
Nunavut Operational Statement

Version 3.0

PROPONENT INFORMATION

NAME:	STREET ADDRESS:	
CITY/TOWN:	PROVINCE/TERRITORY:	POSTAL CODE:
TEL. NO. (RESIDENCE):	TEL. NO. (WORK):	
FAX NO:	EMAIL ADDRESS:	

CONTRACTOR INFORMATION (provide this information if a Contractor is working on behalf of the Proponent)

NAME:	STREET ADDRESS:	
CITY/TOWN:	PROVINCE/TERRITORY:	POSTAL CODE:
TEL. NO. (RESIDENCE):	TEL. NO. (WORK):	
FAX NO:	EMAIL ADDRESS:	

PROJECT INFORMATION

Select Operational Statements that are being used (check all applicable boxes):

- | | | |
|--|--|---|
| <input type="checkbox"/> Bridge Maintenance | <input type="checkbox"/> Ice and Snow Fill Bridges | <input type="checkbox"/> Routine Maintenance Dredging |
| <input type="checkbox"/> Clear-Span Bridges | <input type="checkbox"/> Moorings | <input type="checkbox"/> Temporary Stream Crossing |
| <input type="checkbox"/> Culvert Maintenance | | |

Select the type of water body or watercourse at or near your project:

- | | |
|---|--|
| <input type="checkbox"/> River, Stream, Creek | <input type="checkbox"/> Marine (Ocean or Sea) |
| <input type="checkbox"/> Lake (8 hectares or greater) | <input type="checkbox"/> Estuary |
| <input type="checkbox"/> Pond or wetland (pond is less than 8 hectares) | |

PROJECT LOCATION (S) (fill out this section if the project location is different from Proponent Information; append multiple project locations on an additional sheet if necessary)

Name of water body or watercourse	Coordinates of the Project (UTM co-ordinate or Degrees, Minutes, Seconds), if available Easting: _____ Northing: _____ Latitude: _____ Longitude: _____
Legal Description (Plan, Block, Lot, Concession, Township, Municipality)	Directions to Access the Project Site (i.e., Route or highway number, etc.)
Proposed Start Date (YYYY/MM/DD):	Proposed Completion Date (YYYY/MM/DD):

We ask that you notify DFO, preferably 10 working days before starting your work, by filling out and sending in, by mail or by fax, this notification form to the DFO office in your area. This information is requested in order to evaluate the effectiveness of the work carried out in relation to the Operational Statement.

I, _____ (print name) certify that the information given on this form is, to the best of my knowledge, correct and complete.

Signature _____ Date _____

Note: If you cannot meet all of the conditions and cannot incorporate all of the measures in the Operational Statement then your project may result in a violation of subsection 35(1) of the *Fisheries Act* and you could be subject to enforcement action. In this case, you should contact the DFO office in your area if you wish to obtain DFO's opinion on the possible options you should consider to avoid contravention of the *Fisheries Act*.

Information about the above-noted proposed work or undertaking is collected by DFO under the authority of the *Fisheries Act* for the purpose of administering the fish habitat protection provisions of the *Fisheries Act*. Personal information will be protected under the provisions of the *Privacy Act* and will be stored in the Personal Information Bank DFO-SCI-605. Under the *Privacy Act*, individuals have a right to, and on request shall be given access to, any personal information about them contained in a personal information bank. Instructions for obtaining personal information are contained in the Government of Canada's Info Source publications available at www.infosource.gc.ca or in Government of Canada offices. Information other than "personal" information may be accessible or protected as required by the provisions of the *Access to Information Act*.

FISHERIES AND OCEANS CANADA OFFICE IN NUNAVUT

Fisheries and Oceans Canada – Eastern Arctic Area

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Aussi disponible en français

http://www.dfo-mpo.gc.ca/oceans-habitat/habitat/modernizing-moderniser/epmp-pmpe/index_f.asp

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