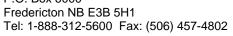
Application Form – PNA Permit Department of Natural Resources Crown Lands Branch P.O. Box 6000





		Please refer t	o PART II	I "How to	Apply"	
A -	APPLICANT				Ple	ease Print
	Mr. Mrs. Ms.					
Name	e			E-mail (option	onal)	
Mailii	ng address (Street - apartmer	nt)			City / Town	
Posta	al code	Occupation			Language	☐ French
Telep	phone (home)	Telephone (work)		Cellular phone (optional)	
Appli	icant status	ual	☐ Group		☐ Scientific institution	
	☐ Govern	nment department	Other, s	pecify	1	
Name	e of organization					
В-	GENERAL INFORMATION	N				
B1	Application type					
	☐ Educational permit	☐ Scien	tific permit			
B2	Is there a commercial purpo	ose to your propos	sed activity?			
В3	What activity is being propo	osed on the land?				
B4	What is the size of the grou	p? For educationa	al permits, wh	nat is the age	e level?	
B5	What is the purpose of the	activity?				

Start date: End date: End date: Total number of days, months or years: B7 What is the estimated duration of your active field work period? C - LOCATION C1 In what PNA are you proposing to conduct your activity? (see appendix B) C2 Specify the class of PNA: Class Class Class C3 In what area(s) of the PNA are you proposing to conduct your activity? (Include a map) D - SCIENTIFIC PERMIT D1 Are you proposing to do any sampling? Specify? List the material and equipment that you expect will remain on site during the permit term. D2 List the material and equipment that you expect will remain on site during the permit term.	<u> </u>	What are the proposed start and end dates of the permit term? What is the total time length of your proposed
Total number of days, months or years: B7 What is the estimated duration of your active field work period? C - LOCATION C1 In what PNA are you proposing to conduct your activity? (see appendix B) C2 Specify the class of PNA:	R6	activity?
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	D3	and the mitigative activities that you are proposing to address these.

Do you intend to set up a campsite within the PNA? If so, where and for how long? How many people would be residing there and during what period? What are your waste and toilet storage facilities?						
Check th	ne box if the statement applies:					
☐ I am	not submitting a research proposal as the p	proposed activity is low-scale and non-invasive.				
PAYMEN	NT & SIGNATURES					
	ethod of payment to be used for the appl					
	er (made payable to the Minister of Finance))				
Credit Card	rheque (made payable to the Minister of Finance)					
☐ Visa	☐ Master Card					
		Expiry date:				
Number						
	redit Card if different from applicant:					
Name on C	redit Card if different from applicant: of Cardholder:					
Name on C	of Cardholder:					
Name on C	of Cardholder: er 19 years of age	Signature of applicant				
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