

JOINT STAFF COMMUNICATION FORM

FIRST TABLING: _____	CASE NO.: _____
SECOND TABLING: _____	See CATS under BE or BN # _____

LEGAL NAME: _____		
B.E. NAME: _____		
LE /BN NO: _____	BE NO: P _____	STAT NO: S _____

UPDATED BY (USERID): _____	Supervisor BRD: _____
UPDATES INITIATED BY:	
CRITICAL UNIT: <input type="checkbox"/>	
IOFD SUF: <input type="checkbox"/>	

CASE PRESENTED TO SURVEY DIVISION:		
<input type="checkbox"/> SEPH	<input type="checkbox"/> IOFD	<input type="checkbox"/> FORESTRY & LOGGING
<input type="checkbox"/> NRCAN	<input type="checkbox"/> AQUACULTURE	<input type="checkbox"/> WHOLESALE
<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> TELECOMMUNICATION	<input type="checkbox"/> RETAIL
<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> ENERGY	
<input type="checkbox"/> SERVICES (List NAICS / SIC): _____		