NOTIFICATION FORM

VERSION 2.0 Valid until March 31, 2007

PROPONENT INFORMATION			
NAME:			
STREET ADDRESS:			
CITY/TOWN:	PROVINCE/TERRITOR	Y:	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/TERRITOR	Y:	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):			
☐ Aquatic Vegetation Removal	☐ Culvert Maintenance	e 🗆	Maintenance of Riparian Vegetation in Existing Rights-of-Way
☐ Beach Creation	□ Directional Drilling		Moorings
☐ Beach Maintenance	□ Dock Construction		Overhead Lines
□ Beaver Dam Removal	☐ Ice Bridges		Punch and Bore Crossings
□ Bridge Maintenance	☐ Isolated Ponds		Routine Maintenance Dredging
☐ Clear-Span Bridges	□ Log Salvage		Underwater Cables
Select the type of water body or watercourse at or near your project:			
☐ River, Stream, Creek	☐ Marine (Ocea	ın or Sea)	
☐ Lake (8 hectares or greater)	☐ Estuary		
☐ 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			TM co-ordinate or Degrees, Minutes,
		Seconds), if available	
		Easting:	Northing:
		Latitude:	Longitude:
Legal Description		Directions to Access the Proj	ect Site
(Plan, Block, Lot, Concession, Township, Section, Range)		(i.e., Route or highway number, etc.)	
(Fight, Block, Lot, Concession, Township, Section, Range)		(iioi, reacte of highway hambor, etc.)	
Proposed Start Date		Proposed Completion Da	ate
(YYYY/MM/DD):		(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:			
Fisheries and Oceans Canada, 850 Route de la Mer, P.O. Box 1000, Mont-Joli, Québec G5H 3Z4; Fax: (418) 775-0658. This information is requested in order to evaluate the effectiveness of the work carried out in relation to the Operational Statement.			
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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*.

Aussi disponible en français.









