

**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 (OS) that are being used (check all applicable boxes). Note: if your Aquaculture project type is not listed here, it is not covered by an OS.

On and Near Bottom Intertidal Shellfish Aquaculture       Off-Bottom Deepwater Shellfish and Kelp Culture

Select the type(s) of Culture that applies to your site:      Select the type(s) of Culture that applies to your site:

Oyster hardening (no containment / bags)       Raft Culture  
 Oyster hardening (bags, trays, etc.)       Longline  
 Clam culture (not Geoduck)       Kelp Culture  
 Netting will be used       Species to be Cultured \_\_\_\_\_  
 Other \_\_\_\_\_       Other \_\_\_\_\_

**Location of the Aquaculture Project** (Append map of location if possible)

Name / Location of Project	Coordinates of the Project (UTM co-ordinate or Degrees, Minutes, Seconds), if available	
<input type="checkbox"/> New Site <input type="checkbox"/> Existing Site with Amendment	Easting:	Northing:
	Latitude:	Longitude:
Tenure #	<input type="checkbox"/> Eelgrass Present on Tenure	
<b>Proposed Start Date</b> (YYYY/MM/DD):		

Please notify DFO 10 working days before starting your work, by filling out and sending in, by mail, email or fax, this notification form directly to DFO Regional Headquarters. This information is requested in order to evaluate the effectiveness of the work carried out in relation to the Operational Statement (OS) and is recommended you keep a copy if the OS at the work site.

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 incorporate all of the measures outlined in the Operational Statement then your project may result in the harmful alteration, disruption or destruction (HADD) of fish habitat. In this case, you should contact the closest DFO office so that DFO can review your proposed plans to ensure your project proceeds without resulting in the HADD of fish habitat.

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](http://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*.

**DFO SOUTH COAST AREA**  
 Fisheries and Oceans Canada  
 Habitat Management  
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 Nanaimo, BC V9T 1K3  
 Phone: (250) 740-0544  
 Fax: (250) 756-7162  
 email: [scahabitat@pac.dfo-mpo.gc.ca](mailto:scahabitat@pac.dfo-mpo.gc.ca)

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*Aussi disponible en français.*

