



# FISH AND WILDLIFE APPLICATION FORM

Physical Address: 6534 Airport Road,  
Fort St. John, B.C.  
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Phone: (250) 794-5200

Date Received

THIS IS AN AUDITABLE DOCUMENT

ADMINISTRATION			A
Applicant Name:			
Address:			
City, Province, Postal Code:			
Contact:	Email:	Phone:	
Referral Company:	Email:	Phone:	
Agent Name:			
APPLICATION INFORMATION			B
What type of permit are you applying for: <input type="checkbox"/> New Permit <input type="checkbox"/> Extension <input type="checkbox"/> Amendment			
Do all applicants and co-applicants meet the eligibility criteria of being 19 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PROPOSED ACTIVITY			C
Wildlife Species – Common Name:			
Wildlife Species – Scientific Name:			
Location of Activity:			
Activity Start Date:			
Activity End Date:			
ACTIVITY DESCRIPTION			D
<p>Provide a detailed description of the activity you require a permit for. Include methods and equipment to be used. If your activity involves the capture, transport, possession, release or export of live animals or viable eggs, you must also include a detailed safety plan that explains the measures you will take to ensure that public safety will be protected. (For example, how would you prevent escapes?) In your own words, also describe the purpose of this activity and any special circumstances the BCER should be aware of. Please include UTM coordinates of work sites (where applicable).</p> <p>Description:</p>			
WILDLIFE ACT AUTHORIZATION REQUEST			E
Manage Nuisance Wildlife <input type="checkbox"/> Special Motor Vehicle Access <input type="checkbox"/> Possess, Take or Destroy Bird Nest and/or Egg <input type="checkbox"/> Beaver Dam Removal <input type="checkbox"/> Herd or Harass Wildlife with Motor Vehicle, Aircraft, Boat or Other Mechanical Device <input type="checkbox"/> Amphibian Salvage <input type="checkbox"/>			
IMPORTANT: If application is for research or salvage purposes, please include the following information;			

Name of College of Applied Biology qualified registrant on project:					
Additional Permit-Specific Information:					
Scientific Fish Collection Permit – Technical Information					F
<input type="checkbox"/> Fish Salvage <input type="checkbox"/> Fish Habitat Assessment <input type="checkbox"/> Riparian Classification					
Scientific Fish Collection Permit - Sampling Program Where yes, please upload applicable documents					G
Will Collection activities involve live transport <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, a copy of the Introduction & Transfer Committee permit is required. Please upload the ITC permit.					
Will collection activities involve tagging, marking, or lethal sampling <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete the Lethal Sampling Program Description.					
Will collection activities involve any variances to the listed permit conditions (see <a href="#">Appendix A</a> for more info) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify variances of the listed Permit Conditions.					
Will Collection activities involve any Species at Risk (see <a href="#">Appendix B</a> for more info)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list species below and note that this permit does not authorize the sampling of SARA-listed species. See <a href="#">SARA permit application forms website</a> . <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Common Name:</div> <div style="width: 45%;">Scientific Name:</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Common Name:</div> <div style="width: 45%;">Scientific Name:</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Common Name:</div> <div style="width: 45%;">Scientific Name:</div> </div>					
Sampling Period and Locations					H
Sampling Period Start Date: _____ Sampling Period End Date: _____					
Please provide the following information about sampling locations including <a href="#">watershed codes</a> .					
MoE Region:	Waterbody Name:	Watershed Code:	UTM Zone:	Northing:	Easting:
MoE Region:	Waterbody Name:	Watershed Code:	UTM Zone:	Northing:	Easting:
MoE Region:	Waterbody Name:	Watershed Code:	UTM Zone:	Northing:	Easting:
Sampling Objectives					I
Please describe fish collection component of the project and/or project area; must include: Rationale Brief description of project/activities Risks associated with project/activities Mitigation measures clearing describing how those risks are avoided or reduced (do not reference other documents) Methodologies Was there a review of previous baseline information available on the Fisheries Information Summary System (FISS)? Are any variances requested? Please include justification and dates if required Any other biological details, information or reasoning to support your rationale NOTE: Providing insufficient detail may result in processing delays or rejection of your application. You are required to obtain separate permits for additional activities not listed.					
SAMPLING TECHNIQUES					J
Please indicate all the sampling techniques, check all that apply. <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 15%;"><input type="checkbox"/> Angling (AG)</div> <div style="width: 15%;"><input type="checkbox"/> Dead Capture (DC)</div> <div style="width: 15%;"><input type="checkbox"/> Dip Netting (DN)</div> <div style="width: 15%;"><input type="checkbox"/> Electrofishing (EF)</div> <div style="width: 15%;"><input type="checkbox"/> Minnow Trapping (MN)</div> <div style="width: 15%;"><input type="checkbox"/> Other (Other)</div> <div style="width: 15%;"><input type="checkbox"/> Seining (SN)</div> <div style="width: 15%;"><input type="checkbox"/> Trap Net (TN)</div> </div>					
SPECIES TO BE SAMPLED					K

This permit does not include Federal Salmon (other than Kokanee) or SARA-listed species.  
 For more information on Federal Salmon Species please refer to the [Fisheries and Oceans Canada Scientific licenses](#) webpage.  
 For more information on SARA-listed species, please refer to the [SARA Permit Application forms webpage](#).

Is this sampling program targeting specific species? ☐ YES ☐ NO

Please identify all target species / potential species encountered (use species codes provided in [Appendix B Table 2](#))

Common Name:	Scientific Name:	Code:
Common Name:	Scientific Name:	Code:
Common Name:	Scientific Name:	Code:

If you're program includes lethal sampling, tagging, and/or marking, please provide the following information:

Is this sampling program targeting specific species? ☐ YES ☐ NO

Please identify all target species/potential species encountered

Common Name:	Scientific Name:	# of Fish:	Sample Waterbody Code:
Common Name:	Scientific Name:	# of Fish:	Sample Waterbody Code:
Common Name:	Scientific Name:	# of Fish:	Sample Waterbody Code:

#### PERMIT AUTHORITIES

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Please enter the name of the College of Applied Biology qualified registrant\* on project.

**\*Under the Professional Governance Act, the right to practice biology is reserved for registrants of the College of Applied Biology.**

Name of College of Applied Biology registrant:

Additional Persons

Authorized persons qualified to conduct fish sampling work under this permit (see [Appendix A - Item 13](#))

#### First Nations Pre-Engagement

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Please include a summary of pre-engagement with impacted First Nations. Guidance can be found here: [Guidance for Pre-Engaging with First Nations](#)

#### APPLICATION DELIVERABLES

N

**Please attach the applicable deliverables in the AMS attachments section**

Location Map	Appendix A Permit Conditions Variance Request
Introduction & Transfer Committee Permit (fish live transport)	First Nations Pre Engagement Record
Lethal Sampling Program Description (Tagging, marking or lethal sampling)	

#### APPLICANT AUTHORIZATION

I \_\_\_\_\_ hereby attest that the information contained herein is true and correct:  
 (Print Name)

AUTHORIZED SIGNATORY OF APPLICANT COMPANY

DATE (YYYY/MM/DD)