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| --- | --- | --- |
| A picture containing text, clipart  Description automatically generated | **LEAVE OF REGULATOR FORM**Physical Address: 6534 Airport Road,Fort St. John, B.C. V1J 4M6Mailing Address: 6534 100th Ave Fort St. John, B.C. V1J 8C5Phone: (250) 794-5200 | Date Received |

THIS IS AN AUDITABLE DOCUMENT

|  |  |
| --- | --- |
| **BCER USE ONLY** | **A** |
| BCER File No. AD No.:  |  |
| **ADMINISTRATION** | **B** |
| Applicant Name: |
| Address: |
| City, Province, Postal Code: |
| Contact: | Email: | Phone: |
| Referral Company: | Email: | Phone: |
| Agent Name: | Internal File No.: |
| **APPLICATION INFORMATION** | **C** |
| Surface Location:  |  [ ]  N/A |
| Permit Condition Request relates to (copy full text) |  |
| Rationale for Request |  |
| Desired Date of Request Completion |  |
| Primary Activity: [ ]  Well [ ]  Facility [ ]  Geophysical [ ]  Pipeline [ ]  Road [ ]  NEB Pipeline |

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| **FIRST NATIONS INFORMATION** | **D** |
| Ensure the following are attached to the application for First Nations engagement purposes: |
| **First Nations**  | **Attachments** |
|  | [ ]  Cover letter (2 copies for each notification area affected) |
|  | [ ]  Leave of Regulator Form |
|  | [ ]  Any documents provided to support Leave Request |
|  |  |
| Permit Holder Engagement:  |
|  **WORKS IN AND ABOUT A STREAM** | [ ]  N/A | **E** |
| **Information Attached:** **[ ]  Yes** **[ ] No** |  |
| Crossing Number | UTM Zone | UTM Location | Stream / Waterbody Name | Riparian Classification (S1-S6) | Bank Full Stream Width  | Stream Gradient (%) | FHA Attached. Y/N | Temporary or Permanent Crossing(T/P) | Stream Crossing Methods | Does the crossing type meet the peak flow requirements (Y/N)If no, provide justification. |
|  |  |  |  |  |  |  |  |  | Bridge | Major Culvert | Ice Bridge | Other (please, indicate) |  |
|  |  | N |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | E |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | N |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | E |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | N |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | E |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | N |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | E |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
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| **ADDITIONAL INFORMATION REQUIREMENTS**  | **F** |
| Attach any documentation that will support a BCER Review: |
|  |
|  |
|  |
|  |
| **APPLICANT AUTHORIZATION** | **G** |
|  |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby attest that the information contained herein is true and correct: |
|  (Print Name) |
|  |  |  |
| AUTHORIZED SIGNATORY OF APPLICANT COMPANY |  | DATE (YYYY/MM/DD) |
|  |  |  |
| **BCER CONSIDERATION** |
| Leave Accepted: [ ] Yes [ ] No |  |  |
| BCER Comments:  |  |  |
| AUTHORIZED COMMISSON SIGNATORY DATE (YYYY/MM/DD)DATE |
| DISTRIBUTION:  |
| ADDITIONAL ATTACHMENTS: |