|  |  |  |
| --- | --- | --- |
| A picture containing text, clipart  Description automatically generated | **LEAVE OF REGULATOR  FORM**  Physical Address: 6534 Airport Road, Fort St. John, B.C. V1J 4M6 Mailing Address: 6534 100th Ave Fort St. John, B.C. V1J 8C5 Phone: (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: | | | |