BRITISH COLUMBIA ENERGY REGULATOR

SCIENTIFIC FISH COLLECTION APPLICATION FORM

THIS IS AN AUDITABLE DOCUMENT
FORMS ARE TO BE SUBMITTED AS A PDF ATTACHMENT VIA THE APPLICATION MANAGEMENT SYSTEM

ADMINISTRATION			A
Applicant Name:			
Address:			
City, Province, Postal Code:			
Contact:	Email:	Phone:	
Environmental Consultant:	Email:	Phone:	

APPLICATION INFORMATION	B
What type of permit are you applying for: ☐ New Permit ☐Extension ☐Amendment	
Permit start date:	
Permit end date:	
Do all applicants and co-applicants meet the eligibility criteria of being 19 years or older? ☐YES ☐NO	

SCIENTIFIC FISH COLLECTION PERMIT – TECHNICAL INFORMATION	C
☐ Fish Salvage ☐ Fish Habitat Assessment ☐ Riparian Classification	

SCIENTIFIC FISH COLLECTION PERMIT - SAMPLING PROGRAM WHERE YES, PLEASE UPLOAD APPLICABLE DOCUMENTS	D
Will Collection activities involve live transport ☐YES ☐NO If YES, a copy of the Introduction & Transfer Committee permit is required. Please upload the ITC permit.	
Will collection activities involve any variances to the listed permit conditions (see Appendix A for more info) ☐ YES ☐ NO If YES, please specify variances of the listed Permit Conditions.	
Will Collection activities involve any Species at Risk (see Appendix B for more info)? ☐ YES ☐ NO If YES, please list species below and note that this permit does not authorize the sampling of SARA-listed species. See SARA permit application forms website. Common Name: _____ Scientific Name: _____ Common Name: _____ Scientific Name: _____ Common Name: _____ Scientific Name: _____	

SAMPLING PERIOD AND LOCATIONS	E
Sampling Period Start Date: _____ Sampling Period End Date:_____	
Please provide the following information about sampling locations including watershed codes. 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 F

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 clearly 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 G

Please indicate all the sampling techniques, check all that apply.

☐ Angling (AG) ☐ Dead Capture (DC) ☐ Dip Netting (DN) ☐ Electrofishing (EF) ☐ Minnow Trapping (MN)

☐ Other (Other) ☐ Seining (SN) ☐ Trap Net (TN)

SPECIES TO BE SAMPLED H

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 I

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	J
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 PLEASE ATTACH THE APPLICABLE DELIVERABLES IN THE AMS ATTACHMENTS SECTION	K
Location Map	Appendix A Permit Conditions Variance Request
Introduction & Transfer Committee Permit (fish live transport)	First Nations Pre Engagement Record

APPLICANT AUTHORIZATION	L

I _____hereby attest that the information contained herein is true and correct:

(Print Name)

_____ _____

AUTHORIZED SIGNATORY OF APPLICANT COMPANY DATE (YYYY/MM/DD)