

# NOTIFICATION FORM

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 the codes of practice that are being used (check all applicable boxes):			
<input type="checkbox"/> Beaver dam removal	<input type="checkbox"/> Culvert maintenance	<input type="checkbox"/> End of pipe fish screens	
<input type="checkbox"/> Routine maintenance dredging	<input type="checkbox"/> Temporary cofferdams and diversion channels		
<input type="checkbox"/> Temporary stream crossings			
Select the type of water body or watercourse at or near your project:			
<input type="checkbox"/> River, Stream, Creek	<input type="checkbox"/> Marine (Ocean or Sea)		
<input type="checkbox"/> Lake (8 hectares or greater)	<input type="checkbox"/> Estuary		
<input type="checkbox"/> Pond or wetland (pond is less than 8 hectares)	<input type="checkbox"/> Riparian		
PROJECT LOCATION (S) (Append multiple project locations on an additional sheet if necessary)			
Name of water body or watercourse		Coordinates of the Project (UTM co-ordinate or Degrees, Minutes, Seconds), if available	
		Easting: Latitude:	Northing: Longitude:
Legal Description (Plan, Block, Lot, Concession, Township, Section, Range)		Directions to Access the Project Site (i.e., Route or highway number, etc.)	
Proposed Start Date (YYYY/MM/DD):		Proposed Completion Date (YYYY/MM/DD):	
Click or tap to enter a date.		Click or tap to enter a date.	

We ask that you notify DFO, preferably 10 working days before starting your work, by filling out and sending in, by mail, email or by fax, this notification form to the DFO office in your [area](#). This information is requested in order to evaluate the effectiveness of the work carried out in relation to the code of practice.

I, \_\_\_\_\_ (print name)  
certify that the information given on this form is, to the best of my knowledge, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** 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 and 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*.

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