**Application for a Species at Risk Permit**

**Fisheries & Oceans Canada**

**Please complete ALL Sections of the application.** If a section is not applicable to your activity then please clearly indicate this. If the relevant information is in supporting documentation, use the check box provided.

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| **1. Applicant Information** | | | | | | | | | | | | |
|  | **Applicant(s) Name:** | | |  | | | | | | | | |
|  | **Contact name if different from applicant** (e.g., consultant)**:** | | | |  | | | | | | | |
|  | **Address:** | | |  | | | | | | | | |
|  | Street: | |  | | | | | | | | | |
|  | City: | |  | | | | | | | | | |
|  | Province/State: | |  | | | | | | | | | |
|  | Country: | |  | | | | | Postal Code: | |  | | |
|  | **Phone**: |  | | | | Cellular: | | |  | | Fax: |  |
|  | **Email**: |  | | | | | | | | | | |
|  | **Date of application:** | | |  | | | | | | | | |
| **2. Qualifications of the applicant or person conducting the work:**  (include any other individuals that will be working independently of the applicant)  Indicate previous experience with the species or with similar species, and with similar kinds of work | | | | | | | | | | | | |
| See attached curriculum vitae | | | | | | | | | | | | |
| **3. Preferred Language of Correspondence:**   English  French | | | | | | | | | | | | |
| **4. Has the applicant received a SARA permit before?**  Yes  No  If yes, please provide the permit number(s): | | | | | | | | | | | | |
| **5. Activity name:** | | | | | | | | | | | | |
| **6. Listed Species affected**  List aquatic species at risk that may be affected by the proposed activities (common and scientific names), and their status under SARA (e.g., endangered, threatened). If the species belongs to a particular designable unit (population), this must also be indicated. See [Schedule 1 of SARA](https://laws.justice.gc.ca/eng/acts/S-15.3/page-17.html#h-435647) for exact names. | | | | | | | | | | | | |
| **7. Purpose of the proposed activity:**  Select the option that most closely describes the purpose of your activity:  Scientific research relating to the conservation of the species  Activity beneficial to the species or required to enhance its chance of survival in the wild  Affecting the species is incidental to the carrying out of the activity  Indicate and explain if different purposes apply to different species at risk. | | | | | | | | | | | | |
| See attached document(s), page(s): | | | | | | | | | | | | |
| **8. Description of proposed activity**  Provide a description of the activity, and if applicable, a description of the project of which the activity is a part. Provide information on methods, and equipment, Include an explanation of why each activity fits the purpose identified in the previous question. | | | | | | | | | | | | |
| See attached document(s), page(s): | | | | | | | | | | | | |
| **9. Location of the proposed activity:**  Provide a detailed description of the location of the activity.including latitude / longitude or UTM coordinates, the name of nearest community, municipality, district, township, county, province, and the name of watercourse(s) or waterbody(ies). Include a map if possible.   * If the activity will take place at sea, please indicate the Fishery Management Areas, and vessel , platform or aircraft information including photos, name and Commercial Fishing Vessel/Registration number, country of registration, and Foreign Vessel Clearance (if applicable). * Indicate if the activity occurs in a land claim settlement area, or on or near an Indigenous community. | | | | | | | | | | | | |
| See attached map | | | | | | | | | | | | |
| If the activity occurs in a land claim settlement area, or on or near an Indigenous community. Describe any discussions / consultations you have had with the relevant community or Wildlife Management Board about the activity, and if applicable, provide any documentation demonstrating that they support the activity. | | | | | | | | | | | | |
| Not applicable | | | | | | | | | | | | |
| **10. Date of proposed activity:** | | | | | | | | | | | | |
| From (day, month, year) | | | | | | | To (day, month, year) | | | | | |
| If applicable, describe the anticipated phases and their timelines: | | | | | | | | | | | | |
| See attached document(s), page(s): | | | | | | | | | | | | |
| **11. Effects of the proposed activity on the species**   1. Describe any changes that the activity may cause to the **individuals of the species**, and the effects of those changes. Include the nature of the effects, and the estimated number of individuals that may be affected. Describe the potential significance of those effects on the population as a whole. If multiple activities are part of the project, please provide this information for each activity.  |  |  | | --- | --- | | **Changes**: *(e.g., capture of individuals)* | | |  | | | **Effects**: *(e.g., non-lethal bodily injury, stress, mortality)* | | |  | | | **Numbers affected:** |  | | **Life stage affected:** |  | | **Timing and Duration of the effects:** |  | | **Significance**: *What could these effects mean for the survival or recovery of the species?* | | |  | |   See attached document(s), page(s): | | | | | | | | | | | | |
| 1. Describe any changes that the proposed activity may cause to any **residences of the individuals of the species** or **any habitat that is identified as critical habitat** in a recovery strategy or action plan for the species, Describe the effects of those changes, including the nature of the effects, and the estimated number of residences, the estimated area of critical habitat that may be affected, type of habitat to be impacted, and the life processes of the species supported by that habitat. Describe the potential significance of those effects on individuals of the species at risk or the population as a whole. If multiple activities are part of the project, please provide this information for each activity.  |  |  | | --- | --- | | **Changes to residence or critical habitat**: *(e.g., damage of residences, loss of spawning habitat, increased turbidity)* | | |  | | | **Effects**: *(e.g., reduced likelihood of successful reproduction)* | | |  | | | **Number of residences affected:** |  | | **Area of critical habitat affected** *(m2 or ha)***:** |  | | **Type of habitat, and the life processes it supports:** |  | | **Timing and Duration of the effects:** |  | | **Significance**: *What could these effects mean for the survival or recovery of the species?*  *(e.g., reduced likelihood of successful reproduction could result in a decline in the population growth)* | | |  | |   See attached document(s), page(s): | | | | | | | | | | | | |
| **12. Alternatives Considered**  Describe, in detail, one or more alternatives to the proposed activity that were considered to avoid or reduce the impact on the species, including:   * other activities, technical or research designs, equipment or processes that were considered in order to achieve the outcomes of the proposed activity, and why these were rejected in favour of the proposed activity, design, equipment, or process (e.g., using surrogate species, less invasive sampling methods, collaboration with other researchers)). If no other activities were considered, please provide your rationale. | | | | | | | | | | | | |
| * other locations that have been considered that are outside of the species’ range or outside of critical habitat, and why these locations were rejected in favour of the current location. If no other locations were considered, please provide your rationale. | | | | | | | | | | | | |
| * other timelines that were considered that would avoid periods when the species are present or sensitive to disturbance and, why these were rejected in favour of the proposed timelines. If no other timelines were considered, please provide your rationale. | | | | | | | | | | | | |
| **12 a)** Explain why the current proposal is the best solution. If multiple activities are part of the project, please describe alternatives that were considered for each activity. | | | | | | | | | | | | |
| See attached document(s), page(s): | | | | | | | | | | | | |
| **13. Measures to Minimize Impacts**  Describe all the measures that will be implemented to minimize the impact of the activity on the species, its habitat, or the residences of its individuals, including:   * a description of specific mitigation measures used to minimize impacts to the species (e.g., fish/mussel salvage, sediment and erosion control etc.) and the extent to which the measures have been demonstrated to be effective | | | | | | | | | | | | |
| * specific contingency measures in the event that the mitigation measures fail | | | | | | | | | | | | |
| * use of appropriate personnel to conduct the activities (e.g., the applicant has qualifications from a recognized institution, has demonstrated experience with the species, and/or has demonstrated experience with the proposed methodology) | | | | | | | | | | | | |
| See attached document(s), page(s): | | | | | | | | | | | | |
| **14. Monitoring:**  Describe how you will monitor the effects of your activity on the species, and the effectiveness of your mitigation measures to minimize impacts to the species to determine whether the implementation of the measures achieved the intended outcomes. | | | | | | | | | | | | |
| See attached monitoring plan | | | | | | | | | | | | |
| **15.** Describe, to your best understanding, why the proposed activity will not jeopardize the survival or recovery of the species. | | | | | | | | | | | | |
| See attached document(s), page(s): | | | | | | | | | | | | |

The information you provide on this form is collected under the authority of the *Species at Risk Act* (SARA) for the purpose of applying for a SARA permit. The information will be used for processing the SARA permit. In addition, the information may be used by DFO’s Fisheries Officers for the purpose of compliance and enforcement with SARA. Failure to provide this personal information may result in your request being denied. You have the right to the correction of, access to, and protection of, your personal information under the Privacy Act and to file a complaint with the Privacy Commissioner of Canada over DFO’s handling of your information. Personal information collected through the processing of your application is described in SARA Permits Personal Information Bank DFO PPU 770 and can be accessed and assessed for accuracy. For more information, visit Info Source at [www.infosource.gc.ca](http://www.infosource.gc.ca).

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**Applicant’s signature Date**

**Please send your completed application to the Regional Manager, Species at Risk Program at the relevant DFO Regional office:**

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| **Pacific Region** (British Columbia, Yukon Territory, excluding the North Slope which is within Central and Arctic Region)  Fisheries and Oceans Canada  200-401 Burrard Street  Vancouver, BC V6C 3S4  Tel: (604) 666-7907  E-mail: [SARA.XPAC@dfo-mpo.gc.ca](mailto:SARA.XPAC@dfo-mpo.gc.ca) | **Ontario & Prairie Region, and Arctic Region** (Alberta, Saskatchewan, Manitoba, Ontario, Northwest Territories, Nunavut, Yukon North Slope)**:**  Fisheries and Oceans Canada  Freshwater Institute  501 University Cr  Winnipeg, MB R3T 2N6  Tel: (204) 983-4438  E-mail: [fisheriesprotection@dfo-mpo.gc.ca](mailto:fisheriesprotection@dfo-mpo.gc.ca) |
| **Quebec Region** (Quebec, St. Lawrence River, Northern Gulf of St. Lawrence)**:**  Fisheries and Oceans Canada  850 Route de la Mer  C.P. 1000  Mont-Joli, Québec G5H 3Z4  Tel: (418) 775-0763  E-mail: [lep-sara-qc@dfo-mpo.gc.ca](mailto:lep-sara-qc@dfo-mpo.gc.ca) | **Gulf Region** (Maritime Provinces adjacent to the Gulf of St. Lawrence)**:**  Fisheries and Oceans Canada  P.O. Box 5030 343 Ave. Université Moncton, N.B., E1C 9B6 Tel: (506) 851-6253  Email: [GLF-SARA-LEP@dfo-mpo.gc.ca](mailto:GLF-SARA-LEP@dfo-mpo.gc.ca) |
| **Maritimes Region** (from the northern tip of Cape Breton to the New Brunswick-Maine border)**:**  Bedford Institute of Oceanography  P.O. Box 1006  1 Challenger Drive  Dartmouth, NS B2Y 4A2  Tel: (902) 426-8503  E-mail: DFO.MARSARA-LEPMAR.MPO@dfo-mpo.gc.ca | **Newfoundland/Labrador Region** (Newfoundland, Labrador)**:**  Northwest Atlantic Fisheries Centre  East White Hills Rd  P.O. Box 5667  St. John’s, NFLD A1C 5X1  Tel: (709) 772-4088  E-mail: [SARANL-LEPTNL@dfo-mpo.gc.ca](mailto:SARANL-LEPTNL@dfo-mpo.gc.ca) |