Instructions for Form Completion

This document is a Microsoft Word Form

- All parts of this form are locked except for those areas (fields) available for data entry.
- Open this form as a "copy" in order to preserve the original for future use.
- Place your curser at the beginning of the field you wish to complete.
- Type in the relevant information. All fields are large enough to accommodate the data required. Fields on the form where large amounts of information are to be entered are self-expanding. If you find there is not enough room in a field to put in the information, check that the information you are entering is in the correct format.
- Note that some fields have a drop down list to assist in data entry and clarity as to the type of information required. For these fields, click on the appropriate value from the drop down list to enter the value on the form.
- Once you have completed all required fields on the form, print three (3) copies then have each copy signed and dated in blue ink by a responsible officer of the company.
- The printed copies of the forms, along with the appropriate supporting technical documentation, are to be submitted to:

Chief Conservation Officer National Energy Board 444 Seventh Avenue SW Calgary, AB T2P 0X8

• The National Energy Board is implementing a process for submission of electronic application documents. However, until further notice, all application forms and supporting documentation must continue to be supplied as paper documents along with an electronic version on DVD (.pdf preferred).





AUTHORITY TO CONDUCT AN ENVIRONMENTAL STUDY

	Applicant's Legal Nam	е							
	NEB Operating Licence	e No.		Intere	est Identifier	Se	elect		
	Land Use Permit No.			Issued by:	Select				
	Water Licence No.			Issued by:	Select				
	Region		Select						
	Geophysical Area								
	Grids of NTS Map She Description and Purpos (include map if applica	se of Operation							
	SPECIFICS OF OPER	ATION							
	Proposed Commencement Date		Proposed Completion Date						
	Number of Personnel		Number of crews						
	Estimated Kilometres		km	······································					
	Equipment/ Vessel / Ai	rcraft / Registra	tion Numbers:						
	OPERATIONAL CONTACT								
	Name			E-Ma	iil				
	Address	dress							
	Telephone	() Ext			Facsimile ()				
	ESTIMATED EXPENDITURES								
	Total	\$							
	What portion of the funding is covered by the Environmental Studies Revolving Funds? \$								
	CONTRACTORS								
	Contractor Role Contractor Name								
	Select								
	Select								
	Select								
	OTHER INFORMATIO	N							
	"I certify that I have con applicable to this opera		fication, permitting ar	nd / or licencing r	equirements of a	all federa	l / territorial le	egislation that	are
				Date					
	Signed	Responsible	Officer of Company						
		. 100,001.01010	omeer er company	Oper	ator 				
	Name			Telep	ohone ()	Ext		
	Job Title			E-Ma	iil				
	<u>-</u>			IEB USE ON					
	the terms on								
	This operation is author conditions attached to			anaaa Ou ana Ga	s Operanons Act (<i>0-7)</i> and	is subject to	the terms and	1
	Signed			Oper	ation Identifier				
		Chief Cons	servation Officer						
	Date								

