***Protected A when completed***

**Application for a *Migratory Birds Regulations, 2022* Eiderdown Commerce Permit**

*All information included in this application is treated as confidential. Personal information collected as part of the permitting process is protected under the Privacy Act.*

**Important:** Please consult the document“**Instruction Sheet: Applying for an Eiderdown Commerce Permit under the *Migratory Birds Regulations, 2022***” when filling out this application. Incomplete, illegible or unsigned application forms will be returned and may result in a refusal of your application or a delay in the issuance of your permit. Send the completed application form and any additional documents to your regional Canadian Wildlife Service office (contact information can be found in the accompanying instruction sheet).

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| **Section 1: Applicant information** | | | | | |
| **1.1 Contact information** | | | | | |
| Surname: | | Given Name: | | | |
| Mailing Address (street number and name, incl. P.O. Box if applicable): | | | | | |
| City: | Province/Territory: | | | Postal Code: | |
| Telephone Number (day): | | Telephone Number (other): | | | |
| Email Address: | | Fax (if applicable): | | | |
| Business/organization name (if applying on behalf of an organization): | | | | | |
| **1.2 Previous permits** | | | | | |
| Have you previously been issued an eiderdown commerce permit under the *Migratory Birds Regulations, 2022* ?  Yes  No If yes, provide the most recent permit number:  Have you ever been refused an eiderdown commerce permit or had one cancelled or suspended?  Yes No  (If yes, provide reason):    Have you ever been convicted of an offence under the *Migratory Birds Convention Act, 1994, Migratory Birds Regulations, 2022,* or the *Migratory Bird Sanctuary Regulations*?  Yes No  (If yes, provide explanation): | | | | | |
| **Section 2: Experience (new applicants only)** | | | | | |
| If you will be collecting eiderdown, describe your past experience/knowledge as it relates to this activity. If you have no experience, explain how relevant knowledge has been obtained in preparation for eiderdown collection. : | | | | | |
| **Section 3: Nominees** | | | | | |
| Will nominees be engaged to undertake the activities listed on this application?  *If yes, please complete Appendix A, which requires that you include the names and/or position title(s) of all nominees.* | | | | | Yes No **4: Nominee(s)** -  *Appendix* |
| **Section 4: Mitigation** | | | | | |
| For eiderdown collection, describe the mitigation measures to be used to reduce or minimize the disturbance to the birds and to protect the eggs from predators or environmental chilling: | | | | | |
| **Section 5: Location** | | | | | |
| **5.1 Address(es), coordinates or name(s) of island(s) of collection** | | | | | |
| List the exact places where you plan to collect eiderdown. A map can also be attached to assist in identifying the location(s).    Have you received written authorization from landowner or land administrator granting access to land to conduct such activities?  Yes No | | | | | |
| **5.2 Address(es), coordinates or name(s) of the place(s) where eiderdown will be processed and stored** | | | | | |
| Provide the exact location(s) where eiderdown will be processed and stored. A map can also be attached to assist in identifying the location(s). | | | | | |
| **Section 6: Documentation and fee** | | | | | |
| The following must be submitted with the application, otherwise it will be considered incomplete:  **Application fee**: $10 (preferably, a cheque or money order payable to the “Receiver General for Canada”, cash is also accepted). Please note that the non-sufficient funds fee is an additional $25.  **Proof of authorization granting access to land:** A document from the landowner or administrator where activities are to be conducted, indicating that the applicant is authorized to access the land to conduct eiderdown collection activities.  **Additional documentation (if applicable):** Other relevant permits or authorizations. | | | | | |
| **Section 7: Statement of certification and applicant signature** | | | | | |
| I (print full name) attest that I have the knowledge to conduct the permitted activities and certify that:   * all information submitted in this application is accurate and has been completed to the best of my knowledge * the nominees (if applicable) have the knowledge to conduct the permitted activities * I may not commence any activities that are the subject matter of this application before a valid eiderdown commerce permit is in my possession. * I understand that, in order to legally conduct the activities, I may need to obtain additional federal, provincial, territorial, municipal or other permits or authorizations, especially if the location(s) where the activities will be conducted is a **protected area** or is located in a **reserve**, a **settled land claim agreement**, an **asserted Indigenous territory**, or other lands set apart for the use and benefit of a band under the *Indian Act*. | | | | | |
| **Signature of applicant:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| (sign with dark ink) | | | (yyyy/mm/dd) | | |

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| For internal use only | | | |
| Date Received: | | | |
| Permits Officer: | Approved | Refused | Date: |
| Biological reviewer: | Approved | Refused | Date: |
| Previous report on file | Yes | No | NA |
| Application fee received | Yes | No |  |
| Comments: | | | |
| **Non-sufficient Funds fee required** ($25)[[1]](#footnote-2) | | | |

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| **Appendix A: Nominees**  e of Applicant | |
| **Name and/or position** | **Organization (*if applicable*)** |
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1. Please consult the Treasury Board Secretariat’s [Guide to Interest and Administrative Charges- Canada.ca (tbs-sct.gc.ca)](https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=32582) for more information. [↑](#footnote-ref-2)