

Date of Application: MM/DD/	<mark>(Y</mark> ://			
Applicants Name:				
Affiliation/ Company Name:				
Address:				
Contact email:	Contact Ph	one	Number:	
Person(s) name to appear on the NPCA Permit (list all that are applicable):				
Dranged Concernation Area	ion Childry Activity			
Proposed Conservation Area	or Study/ Activity.			
Please Identify the proposed area to be used within the Conservation Area:				
,				
LITA 4 7T NI	Т		Attack man autlining area	
UTM 17T N	Е		□ Attach map outlining area	
Proposed Study/ Activity Purp	ose:	_		



Please indicate how this research proposal meet the goals and objectives of the existing NPCA Site Management Plan?				
NPCA Site Management Plan?				
Please Outline the Study Methodology that will be followed:				



List all Material to be used.	List Equipment to be used.	List any structures/ material to be brought in and installed at the site? How any proposed structures are to be secured?	
List all Site access poir used.	nt(s), trails, area to be	List Site Access Frequency (Times per day/week/ month for site a ccess).	
UTM location: □Map attached			
Proposed start date (M	M/DD/YY):	Study end date (MM/ DD/YY):	
Please indicate how the information from the proposed site research will be used?			



Please outline any additional sampling techniques and methods other than those already mentioned.
Please indicate how this proposal relates to any other existing NPCA permits.
Where, if any, of the proposed work will be published or distributed? What is the expected time frame for any publication?

Please note information must be detailed to adequately address the concerns of the NPCA.

Should you have any questions please contact us at <u>905-788-3135 ext. 241.</u>