



Fish and Wildlife Application

Tracking Number: 100453404

Applicant Information

If approved, will the authorization be issued to an Individual or Company/Organization/Government? Individual
Are you the Individual this application will be issued to? Yes

APPLICANT CONTACT INFORMATION

Applicant is an Individual or an Organization to whom this authorization Permit/Licence will be issued, if approved.

Name: Allan Irvine
Phone: 250-777-1518
Daytime Phone:
Fax:
Email: al@newgraphenvironment.com
Date of Birth:
Mailing Address: 6 Regent St
Nelson British Columbia V1L 2P1
Canada

TECHNICAL INFORMATION

APPLICATIONS

You may submit one or more application(s) Click on the 'Add Application' for each application you would like to add. In order to submit multiple applications together they must be for one applicant and in the same region.

Type

Scientific Fish Collection Permit

SCIENTIFIC FISH COLLECTION PERMIT – ELIGIBILITY

Do all applicants and co-applicants meet the eligibility criteria for the appropriate category as listed below?

| Question | Answer | Warning |
|---------------------------------------|-----------------|---------|
| Are all applicants 19 years or older? | Yes | |
| Application Type: | New application | |

SCIENTIFIC FISH COLLECTION PERMIT

Please provide us with the following information about the Scientific Fish Sampling:

SCIENTIFIC FISH COLLECTION ACTIVITY

Please provide us with the following information about the Research Activity

What is the activity for the Scientific Fish Collection? Research
Applicant Date of Birth (DD/MM/YYYY) Mar 8, 1975

SAMPLING PROGRAM

Please provide us with the following information about the Sampling Program

Will collection activities involve live transport? No
Will collection activities involve any tagging, marking, or lethal sampling? Yes

| | |
|--|----|
| Will collection activities involve any variances to the listed Permit Conditions? | No |
| Will collection activities involve any Species at Risk? | No |

SAMPLE PERIOD

Please provide us with the following information about the Sampling Period.

| | |
|---|--------------|
| Start Date: | Sep 9, 2024 |
| End Date: | Dec 31, 2024 |
| Please select the intended activity: | Research |

SAMPLE LOCATION(S)

Please provide us with the following information about the Sampling Location. Water shed codes can be found [here](#).
Please provide UTM coordinates or attach Shape files or KMZ files with marked sampling locations on Step 3 – Document Upload.

| Ministry of Environment Region | Waterbody | Watershed Code | UMT Zone | Northing | Easting |
|--------------------------------|------------------------------|-------------------------------|----------|----------|---------|
| Omineca | tributaries to Fraser River | 100-000000-0000 | | | |
| | | 0-00000-0000-000 | | | |
| | | 0-000-000-000-180-054600-0000 | | | |
| Omineca | tributaries to Nechako River | 0-00000-0000-000 | | | |
| | | 0-000-000-000-180-069000-0000 | | | |
| | | 0-00000-0000-000 | | | |
| Omineca | tributaries to Chilako River | 0-00000-0000-000 | | | |
| | | 0-000-000-000- | | | |

SAMPLING OBJECTIVES

Please describe fish collection component of the project and / or project area - must include:

- Rationale
- Brief description of project/activities:
- Risks associated with project/activities:
- Mitigation measures clearly describing how those risks are avoided or reduced (do not reference other documents)
- Methodologies
- Was there a review of previous baseline information available on the Fisheries Information Summary System (FISS)?
- Are any variances requested? Please include justification and dates if required.
- Any other biological details, information or reasoning to support your rationale.

NOTE: Providing insufficient detail may result in significant delays in processing or even rejection of your application. You are required to obtain separate permits for additional activities not listed.
Please see attached memo titled application_moe_dfo.pdf for detailed information.

SAMPLING TECHNIQUES

Please indicate all the sampling techniques, check all that apply.

| Sampling Technique | Code |
|--------------------|------|
| Dip Netting | DN |
| Electrofishing | EF |
| Minnow Trapping | MT |

SPECIES TO BE SAMPLED

Please provide us with the following information about the Species to be sampled, use species codes listed on [Appendix B Table 2](#).

Please do not apply for Federal Salmon Species. For more information on Federal Salmon Species please refer to the Fisheries and Oceans Canada Scientific licenses webpage.

No permits will be issued for SARA listed species or for salmon other than Kokanee. SARA permit application forms webpage. Scientific Fish Collection Appendix A

Is this sampling program targeting specific species? No

SPECIES INFORMATION

Please identify all target species/potential species encountered. A complete species list can be found here

| Common Name | Scientific Name | Code |
|---------------|------------------------|------|
| Rainbow Trout | Oncorhynchus mykiss | RB |
| Bull Trout | Salvelinus confluentus | BT |
| Burbot | Lota lota | BB |

LETHAL SAMPLING, TAGGING, AND MARKING PROGRAM DESCRIPTION

Earlier in the application you indicated that tagging, marking, or lethal sampling will be taking place, therefore please provide the following information.

Is this sampling program targeting specific species? No

SPECIES INFORMATION

Please identify all target species/potential species encountered

| Target Species | # of Fish | Sample Waterbody/Code |
|----------------|-----------|---|
| Bull Trout | 100 | 100-000000-00000-00000-0000-000 0-000-000-000- |
| Burbot | 50 | 100-000000-00000-00000-0000-000 0-000-000-000- |
| Rainbow Trout | 450 | 100-000000-00000-00000-0000-000 0-000-000-000- |

SCIENTIFIC FISH COLLECTION PERMIT - APPENDIX

Please refer to the following Appendix pertaining to your Fish Collection Permit and its Conditions here.

Name of College of Applied Biology qualified registrant on project: Allan Irvine

ADDITIONAL PERSONS

Authorized persons qualified to conduct salvage work under this permit (see item 13, Appendix A)

Lucy Schick
Cody Haggard
Ciara Sharpe
Mateo Winterscheidt

ATTACHED DOCUMENTS

| Document Type | Description | Filename |
|-------------------------|--|--------------------------------|
| Generic Document Upload | Application details | application_moe_dfo.pdf |
| Generic Document Upload | spatial file of site locations and details | sites_fraser_2024_20240826.kml |

PRIVACY DECLARATION

PRIVACY NOTE FOR THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

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The collection, use, and disclosure of personal information is subject to the provisions of the Act. The personal information collected by FrontCounter BC will be used to process your enquiry or application(s). It may also be shared when strictly necessary with partner agencies that are also subject to the provisions of the Act. The personal information supplied in the application package may be used for referrals or notifications as required. Personal information may be used by FrontCounter BC for survey purposes. For more information regarding the collection, use, and/or disclosure of your personal information by FrontCounter BC, please contact FrontCounter BC at 1-877-855-3222 or at:

FrontCounter BC Program Director
FrontCounter BC, Provincial Operation

☒ Check here to indicate that you have read and agree to the privacy declaration stated above.

APPLICATION AND ASSOCIATED FEES

Application and Associated Fees: \$25.00 CAD plus applicable taxes

OFFICE

Office to submit application to:

APPLICANT SIGNATURE

| | |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

| OFFICE USE ONLY | | |
|-----------------|----------------|----------------|
| Office | File Number | Project Number |
| | Disposition ID | Client Number |