



?aqam Lands Department

REQUEST TO CANCEL LICENCE, PERMIT OR RIGHT OF WAY

Form No. 6-1-02

Approved as to form by the ?aqam Lands Department pursuant to the *?aqam Land Code*

Signature _____

Date _____

NOTICE TO APPLICANT: You must complete two copies of this application form and submit both copies to the ?aqam Lands Department for Council consideration. Unless you are a member of ?aqam you must present two pieces of government issued identification at the time you submit this request.

If you are making this request on behalf of a corporation, partnership, society, First Nations Band Council / Tribal Council, or Government Body, you must present proof of your authority to cancel the licence or permit at the time you submit this request.

Unless otherwise specifically stated in your licence, permit or right of way agreement, ?aqam will only consent to its cancellation if you have:

- complied with all requirements that relate to cancellation of the interest; and
- at the request of ?aqam, completed an environmental site assessment and complied with all recommendations from that environmental site assessment.

Where a licence, permit or right of way does not include conditions related to cancellation, ?aqam may impose reasonable conditions related to the remediation of ?aqam lands which must be complied with before ?aqam will consent to cancellation.

PART 1: TO BE COMPLETED BY THE LICENSEE / PERMITTEE / GRANTEE

Applicant (Licensee / Permittee / Grantee)'s Personal Information

Legal Name of Applicant _____

Address _____

Telephone (work) _____

Telephone (home) _____

Occupation: _____

If Applicable:

Corporation: _____

Partnership: _____

Society: _____

First Nation/Tribal Council: _____

Government Department: _____

Business Address: _____

Type of Document to Which This Request for Cancellation Relates

[] Licence [] Permit [] Right of Way

***NOTE:** You **MUST** attach to this request a copy of the licence, permit or right of way to which it relates.

Date you request this Licence, Permit or Right of Way Cancellation to be effective: _____

Compliance with Licence, Permit or Right of Way Agreement Fee / Payment Requirements

Have you fully paid to ?aqam all payments that are due to ?aqam under the licence, permit or right of way to which this request relates?

Yes No

***NOTE:** If you have ticked "No" above, you **MUST** include in this application full payment for all outstanding payments that are due to ?aqam under the licence, permit or right of way agreement.

Have you completed all requirements in the licence, permit or right of way agreement relating to its cancellation?

Yes No

***NOTE:** If you have ticked "No" above, ?aqam will not approve the cancellation of your licence, permit or right of way until such requirements are completed and proof of their completion is provided to ?aqam.

PART 2: TO BE COMPLETED BY THE LANDS DEPARTMENT

Receipt of Request

Date Form Received: _____ Time Form Received: _____

Form Received By: _____

View two pieces of the applicant's government issued identification, photocopy them and attach copies of them to this form:

Status Card Number: _____

Drivers Licence Type and Number: _____

Provincial Identification (incl. Number): _____

Passport (incl. Number): _____

Other (specify): _____

It is the opinion of the person at the Lands Department who received this request, that the person represented in the two pieces of government issued identification set out above are a likely representation of the person making this request.

Yes No

Declaration of Lands Department Personnel

I have verified that the applicant has the authority to make this request.

Yes No

I have verified that all payments due to ?aqam under the licence, permit or right of way agreement to which this request relates have been made and that there are no outstanding payments.

Yes No

I have verified that the licensee, permittee or grantee to which this request relates has complied with all requirements of

their licence, permit or right of way agreement in relation to cancellation and remediation of those ʔaąam lands to which their licence, permit or right of way agreement relates.

Yes No

I have completed a search of the Indian Lands Registry System and the First Nations Land Register, and it is my opinion that (**tick as many boxes as are applicable*):

the cancellation of this licence, permit or right of way agreement will adversely affect an interest in community lands held by a third party.

the cancellation of this licence, permit or right of way agreement will not adversely affect an interest in community lands held by a third party.

the cancellation of this licence, permit or right of way agreement will adversely affect a claim against, or interest in, community lands held by ʔaąam.

the cancellation of this licence, permit or right of way agreement will not adversely affect a claim against, or interest in, community lands held by ʔaąam.

Comments: _____

I have referred to Policies 9-1 and 9-2 in the ʔaąam Lands Management Manual and I am of the opinion that all environmental requirements related to the cancellation of the licence, permit or right of way agreement to which this request relates have been complied with.

Yes No

I recommend that: (**Choose one of the following options only**)

Council consent to the cancellation of the licence, permit or right of way agreement to which this request relates, and I have attached two copies of a band council resolution for your consideration;

OR

Council consent to the cancellation of the licence, permit or right of way agreement to which this request relates conditional on the licensee, permittee or grantee completing the following: _____, and I have attached two copies of a band council resolution for your consideration;

OR

Council deny the cancellation of the licence, permit or right of way agreement to which this request relates for the following reasons: _____, and I have attached two copies of a band council resolution for your consideration.

LANDS DEPARTMENT
REVIEW DATE

Y	M	D
YYYY	MM	DD

[Name of Lands Department Representative]

PART 3: TO BE COMPLETED BY LANDS DEPARTMENT (IF NECESSARY)

Condition 1: _____

Type of documentation required: _____

Documentation received by _____ on the ____ day of _____, 20____

Documentation not received

Condition 2: _____

Type of documentation required: _____

Documentation received by _____ on the ____ day of _____, 20____

Documentation not received

Condition 3: _____

Type of documentation required: _____

Documentation received by _____ on the ____ day of _____, 20____

Documentation not received

Condition 4: _____

Type of documentation required: _____

Documentation received by _____ on the ____ day of _____, 20____

Documentation not received

Signature of Lands Department:

I, _____, am a current employee of the ʔaḡam Lands Department and my position title is _____.

I have personally verified all information contained in Part 3 of this application.

I affirm that all information contained in Part 3 of this application is, to the best of my knowledge, true and correct.

DATE OF LANDS
DEPARTMENT
REVIEW

Y	M	D
YYYY	MM	DD

Signature Line