

Fisheries and Sealing Division Department of Economic Development and Transportation

P.O. Box 1000, Iqaluit, NU XOA 0H0

https://gov.nu.ca/edt

## **Commercial Fisheries Freight Subsidy Form**

To process your application, please ensure you have included the following: Signed application Waybills clearly stating the product being shipped was FISH Excel summary spreadsheet (available upon request) An invoice for the amount being claimed No Date of Application: Resident of Nunavut: Yes (MM/DD/YYYY) **PART A: Applicant Information** Organization Name: Primary Contact Person: Phone Number: Fax Number: Email Address: Business Registration Number (if applicable): Mailing Address (Apt., house#, street, P.O. Box): **PART B: Request for Funding** Claim Amount (Freight Prior to GST, Fuel Surcharges, Insurance Surcharges): Note that all original waybills must be included in application package. Fuel Surcharge Waybill # 50% Date Freight NavCan Total Cost (\$) Final Destination Charge (\$) Surcharge (\$) Subsidy (\$)

PART C: Air Charter for Fly-In Fisheries	
Dates of flights and associated invoice (Include original invoices with application package):	
PART D: Declaration	
Please read carefully. By signing this application, I declare the information in this application and in any attachment, is true and accurate. I understand that if I choose to complete and submit this application electronically it will be equivalent to an electronic signature and will be treated in the same manner as if I had signed and submitted it through other means.	
Applicant's Declaration to the Department of Economic Development & Transportation	
<ol> <li>I confirm the information given in this application is, to the best of my knowledge and ability, complete, true and correct.</li> </ol>	
2. I certify that financial assistance from EDT is a significant factor in the decision to proceed with this request.	
<ol> <li>I certify that neither the applicant nor its officers are involved with any litigation, or in any proceedings before any government board, agency or tribunal which have not been disclosed in writing as an attachment to this application.</li> </ol>	
4. I will provide all information required by EDT to complete the assessment of this request and I authorize EDT to make any inquiries of such persons, firms, corporations or other government agencies as it deems necessary in order to reach a decision on this application.	
<ol><li>I authorize EDT to access, at any reasonable time, the site and premises of facilities described in this application.</li></ol>	
6. I agree to provide financial and audit results as required set out in the Contribution Agreement.	
7. I agree that details of the any contribution may be made available to the public at the discretion of EDT.	
Signature of Applicant:	Date: (MM/DD/YYYY)
Submit completed form(s) to:	
FOR OFFICE USE ONLY	
Date Received:	Total Amount Requested:
Ву:	Approved Amount:
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