

Appendix B – Submission Form

Operator Information

Please fill out the following form, naming one person to be the operator's contact for the BDO process and for any clarifications or communication that might be necessary.	
Full Legal Name of Operator:	
Other Names under which Operator Carries on Business:	
Street Address:	
City, Province:	
Postal Code:	
Phone Number:	
Company Website (if any):	
Operator Contact Name and Title:	
Operator Contact Phone:	
Operator Contact Fax:	
Operator Contact Email:	
Nova Scotia Registry of Joint Stock Number:	
HST/GST Registration Number:	
SIN# (required if you do not have HST/GST or NSRJST number):	