



## Application for Intervenor Status

|       |
|-------|
| Date: |
|-------|

### Proceeding Information

|                   |              |
|-------------------|--------------|
| Project Name:     |              |
| Hearing Order No: | File Number: |

### Intervenor Information

|  |              |
|--|--------------|
| Name:  | Address:     |
| Title:   | City:        |
| Organization:  | Province:    |
| Telephone:   | Postal Code: |
| Facsimile:   | Email:       |
| <b>Address for Courier/Personal Service: (if different from mailing address)</b> |              |
| Address:   | Telephone:   |

### Authorized Representative Information

If you do not have an authorized representative, please leave blank.

|  |              |
|--|--------------|
| Name:  | Address:     |
| Title:   | City:        |
| Organization:  | Province:    |
| Telephone:   | Postal Code: |
| Facsimile:   | Email:       |
| <b>Address for Courier/Personal Service: (if different from mailing address)</b> |              |
| Address:   | Telephone:   |

## Issues and Interests

|   |  |
|---|--|
| What is your specific interest in the proceeding?   |  |
| Do you or your authorized representative intend to appear at the public hearing?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you do not intend to actively participate at the hearing, please state clearly the reasons why your interest in the proceeding requires an intervention.   |  |
| Do you feel that your concerns are covered in the List of Issues included in the Hearing Order? If not, provide your suggested issues or amendment to an existing issue. Include a clear explanation of their relevance to the Hearing. |  |

## Access, Notification and Service

|   |  |
|---|--|
| Which official language do you wish to use in correspondence with the Board and at the public hearing?  | English <input type="checkbox"/> French <input type="checkbox"/> |
| Documents submitted electronically are available on the Board's electronic document repository. If you have the capability to access the repository, the Board and other parties in this proceeding may serve you notification that a document has been filed and is available in the repository, instead of serving you a hard copy of the document. |  |
| Do you have the capability to access the Board's electronic document repository?  | Yes <input type="checkbox"/> No <input type="checkbox"/>         |

## Participation at the Hearing

|   |  |
|---|--|
| Intervenors wishing to give evidence must file their written evidence with the Board and serve a copy on all parties by the deadline for intervenor evidence indicated in the Timetable of Events in the Hearing Order. |  |
| Will you be filing written evidence?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you intend to question the Applicant or Intervenors on their evidence?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you intend to present a final argument at the end of the hearing?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you require a paper copy of the daily transcripts? (Note: You may view the transcripts through the Board's Internet site at <a href="http://www.neb-one.gc.ca">www.neb-one.gc.ca</a> )                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## Additional Comments

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