

Directive 067 – Schedule 1 Licence Eligibility (Well, Facility, or Pipeline)



Month	Day	Year			

A. Individual Completing Form		
Full name: _____		
Relationship to applicant: _____		
Address: _____		

Telephone: _____	Fax: _____	Email: _____

B. Applicant Information		
Applicant name: _____		BA code: _____
Address: _____		

Telephone: _____	Fax: _____	Email: _____
24-hr emergency response no.: _____		Alberta corporate access no.: _____
Contact person for this schedule: _____		

C. Nature of Application
<input type="checkbox"/> Application for general licence eligibility to hold AER licences or approvals
<input type="checkbox"/> Application for amendment of licence eligibility
<input type="checkbox"/> Corporate profile update (complete sections E and F)

D. Licence Eligibility
Check the appropriate boxes to indicate the required items you have completed and attached.
<input type="checkbox"/> Well, Facility, and/or Pipeline Licence
<input type="checkbox"/> Corporate information (section E)
<input type="checkbox"/> Appointment of agent (if applicant is nonresident)
<input type="checkbox"/> Proof of insurance

- First-time licensee fee
- Statutory declaration

E. Corporate Information (only required if applicant is a corporation)

Please provide details regarding the corporate structure of the applicant and provide the full names of any related entities, including parent and subsidiary corporations and any entity with common directors, officers, partners, or control persons (any person or company, or combination of persons and companies, that hold or control more than 20% of the outstanding voting securities of the licensee or approval holder.) of the applicant.

Are there any current regulatory proceedings or outstanding noncompliances (including financial) associated with the applicant or any related entities in Alberta and other jurisdictions?

- Yes No

If yes, provide the details.

- A copy of the most recent audited financial statements is attached.

List the full legal names of all shareholders (including corporate shareholders) who directly or indirectly own more than 20% of the outstanding voting securities of the corporation (Attach a separate sheet if more space is needed.)

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Directors of the corporation (names, including initials, must match exactly with the names in the Alberta Corporate Registry Computer System [CORES]; also include any professional designations)

Senior officers (including professional designations)

Chief Executive Officer: _____

Chief Operating Officer: _____

Chief Financial Officer: _____

President: _____

Other (provide below)

_____ : _____

In the last 5 years have any of the above directors and officers been a director or officer of an energy company in any jurisdiction?

Yes No

If yes, provide the details below. Attach additional sheets if necessary.

Name	Position held	Company	Jurisdiction	Period in which position was held

In the last 5 years have any of the above directors and officers been a director or officer of an energy company that has been subject to insolvency proceedings either while they were a director or officer or during the 12-month period preceding such proceedings?

Yes No

If yes, provide the details below. Attach additional sheets if necessary.

Name	Position held	Company	Date of commencement of insolvency proceeding

For each of the directors and officers listed above, attach a legible copy of one current piece of government-issued identification that contains a photograph taken within the last 10 years and an accompanying affidavit or attestation of instrument and declaration (see last page of this schedule). This personal information is being collected for the following purposes:

- to verify the accuracy of the information that has been provided (e.g., to reveal and deter fraud or misrepresentation);
- to consider the applicant's eligibility to receive a licence;
- to conduct compliance and enforcement proceedings; and
- to perform other investigations as required by and to ensure compliance with applicable requirements.

The Alberta Energy Regulator will make security arrangements to protect the personal information collected by it from risks such as unauthorized access, use, disclosure or destruction. If you have any questions regarding the collection, use, or disclosure of the personal information that is the subject of this document please contact AER Liability Management, Suite 1000, 250 - 5th Street SW, Calgary, Alberta T2P 0R4; telephone: (403) 297-8311; toll free: 1-855-297-8311; email: LiabilityManagement@aer.ca.

F. Declaration of Director or Officer (to be completed by each director and officer listed in section E)

I, _____, of _____
(signatory's name) *(city/location)*

in the Province of _____, as _____,
(province) *(job title)*

declare that

- 1) the information here and in all supporting documentation is complete and accurate to the best of the signatory's knowledge, having made reasonable inquiries about the matters herein;
- 2) I am aware of and have the authority and responsibility to bind the applicant and ensure compliance with the requirements imposed by the statutes, regulations, and rules of the Province of Alberta and the directives and policies of the Alberta Energy Regulator that are pertinent to AER licence holders; and
- 3) the applicant agrees to attorn to the jurisdiction of the Alberta Energy Regulator and the province of Alberta.

Name (printed): _____

Position: _____

Signature: _____

Submit the completed form and all necessary attachments to LiabilityManagement@aer.ca.

G. AER Use Only

The Alberta Energy Regulator hereby disposes the identification code licensee eligibility type application as submitted subject to the attached conditions (if any).

Approved by: _____ BA code: _____

Title: _____ Licence eligibility type: _____

Date: _____

Attestation of Instrument and Declaration

I, _____, hereby certify that I met with _____ on _____ and verified this person's identity by examining the original of this person's identity document, of which a photocopy is contained on this page. The photograph in the identity document is a true likeness of the said person and to the best of my knowledge and belief, the identity document that I examined is valid and unexpired.

Attested to by me at _____, on _____.

Signature of Attestor

Printed Name of Attestor

Title or Profession of Attestor

Address of Attestor

Telephone Number of Attestor