

Security Deposit Submission



Include this completed form with any submission of a security deposit under *Directive 068: Security Deposits*.

AER – Calgary (Head Office)
 Suite 1000, 250 – 5th Street SW
 Calgary, Alberta T2P 0R4

Submitter	
Full legal name:	
Title/Position:	
Email:	Phone:

Licensee / Approval Holder	
Name:	BA code:
Address:	
Email address designated to receive AER regulatory communications:	
Phone:	

Security Type	
Select the appropriate programs your security deposit relates to.	
<input type="checkbox"/> Licence transfer condition	Application number:
<input type="checkbox"/> Inventory Reduction Program – Closure Quotas	<input type="checkbox"/> Security in lieu <input type="checkbox"/> Closure quota Program year:
<input type="checkbox"/> Directive 067 eligibility	
<input type="checkbox"/> Liability management rating (LMR)	Application number:
<input type="checkbox"/> Waste management	Authorization number:
<input type="checkbox"/> Landfill	Licence number:
<input type="checkbox"/> Licensee Management Program	
<input type="checkbox"/> Geothermal resource development	Authorization number:
<input type="checkbox"/> Farm gas	
<input type="checkbox"/> Other:	

Payment Type	
<input type="checkbox"/> Letter of credit <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	
Payment amount:	
Additional details (e.g., itemization):	

Signature (Senior Corporate Officer or Director)		
Name:	Signature:	Date: