

NEW BRUNSWICK OUTPUT-BASED PRICING SYSTEM VOLUNTARY OPT-IN FORM

CONFIDENTIALITY

All information included in support of this application is considered public. A request to keep confidential all or any part of this application for a period of 5 years must be made in writing in conjunction with this application. Subsequent applications may be made prior to the expiry period to extend confidentiality of all or any part of this application, on 5-year intervals.

LEGAL AUTHORITY

The requirements outlined in this form are administered under the authority of the *Climate Change Act* and associated Regulations and Standards.

PARENT COMPANY INFORMATION

Legal Name:

Mailing Address:

Telephone Number:

Business Number:

COMPANY INFORMATION

Same as Parent Company

Legal Name:

Mailing Address:

Telephone Number:

Business Number:

FACILITY INFORMATION

Facility Name:

Facility Mailing Address:

Telephone Number:

Date the Facility Began Operating:

North American Industrial Classification (NAICS) Code:

GHGRP ID:

National Pollutant Release Inventory ID:

Facility Geographical Coordinates (latitude and longitude):

Latitude:

Longitude:

Is this an integrated/multi-site facility? Yes No

Does this facility utilize co-generation? Yes No

Please submit the location boundary map(s).

REPORTER INFORMATION:

Full Name:

Position Title:

Telephone Number:

E-mail Address:

OWNER OR OPERATOR INFORMATION

Owner Operator Same as Reporter

Full Name:

Position Title:

Telephone Number:

E-mail Address:

AUTHORIZED SIGNING OFFICIAL INFORMATION

Same as Owner or Operator Same as Reporter

Full Name:

Position Title:

Telephone Number:

E-mail Address:

EMISSIONS INFORMATION

In accordance with section 7.1 of the *Climate Change Act*, to qualify for a designation as an opted-in facility, the total regulated emissions from the Facility must be 10,000 tonnes of carbon dioxide equivalent of greenhouse gases or more in any year following the year 2020. Please specify the qualifying year and the total regulated emissions at the Facility as reported to GHGRP via SWIM for that year:

Year	Emissions (tCO ₂ e)

Please submit the GHGRP report for the selected year.

DECLARATION

I, _____, have verified the information contained in this Application for Voluntary Opt-In in my capacity as the authorized signatory on behalf of the Facility. I certify that such information is true, accurate and complete in all respects and that the Application contains no false or misleading statements or no omission of information that should have been stated therein which could result in the denial or revocation of the application or registration. It is further understood that the Department of Environment and Local Government may verify any information contained in this Application.

Authorized Signing Official

Date

Please submit this form, along with the GHGRP report and location boundary map(s) as highlighted above to nbobps-stfrnb@gnb.ca.