

Consultant Lobbyist Registration Form

Complete this form if, under the Lobbyists' Registration Act, you are paid by a client to lobby the provincial government. See the Guide to the Registry of Lobbyists for greater detail on the types of lobbyists and when they are required to register. The guide and other helpful materials related to the Registry are available online at https://beta.novascotia.ca/programs-and-services/registry-of-lobbyists.

A consultant lobbyist must file a return with the Registry within 10 days after beginning an undertaking and within 30 days of each six-month anniversary of the initial filing.

Use	this	form	for:
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Registration,

Renewal (required every six months), or

Updating a registration with new information or a change to existing information.

Filing may also be done online. If submitting a paper copy, please print clearly.

Section A: PURI	POSE
Check on of the follo	owing and complete the appropriate sections. Supply your registration number if this is a renewal or
update.	
Registration	
Renewal	Complete all sections
Update	Complete sections where changes have occurred to previously filed information
Registration #	
Section B: LOBI	BYIST INFORMATION

Lobbyist's name (last	t, first, middle initial)		
Business address of l	lobbyist		
City	Province/State	Country	Postal/Zip Code
Telephone	Fax	Email	•
Name of lobbyist's bu	usiness or firm	Registry of Joint S	tock Companies number (if applicable)
Address of business (or firm if different than lobbyist's		
City	Province/State	Country	Postal/Zip Code
Telephone	Fax	Email (optional)	•

Section C: CLIENT IN	FORMATION			
Name of client				
Business address of client				
City	Province/State	Country	F	Postal/Zip Code
Telephone	Fax		1	
I. Subsidiaries If your client is a corporation	NEFICIARIES OF LOBB n, provide the following informour activities on behalf of you	mation for every subsidia		
Name of subsidiary				
Business address				
City	Province/State	Country		Postal/Zip Code
II. Parent Company If your client is a corporation	n that is a subsidiary of anoth	ner corporation, provide t	he followir	ng information.
Name of parent company				
Business address				
City	Province/State	Country		Postal/Zip Code

		nation for each corporation	n or organization that is a member of the
Name of coalition m			
Business address			
City	Province/State	Country	Postal/Zip Code
Name of coalition m	nember		
Business address			
City	Province/State	Country	Postal/Zip Code
the outcome of your lo	es are controlled or directed by a obbying, provide the following inf		p, or organization with a direct interest in e sheet if necessary.)
Name of person, part	nership, or organization		
Business address of c	other beneficiary		
City	Province/State	Country	Postal/Zip Code
Note: Consultant lobb I. Description Describe your lobbying	SYING ACTIVITIES by ist must complete a separate r ag activity and identify any releval by ibution, financial benefit, or cont	nt legislative proposal, bill,	rtaking. , resolution, regulation, policy, program,

II. Subject Matter

Check the appropriate area(s) that best identify the subject matter of your lobbying activities.

agriculture hospitals small business arts and culture housing sports and recreation colleges and universities industry social assistance information technology conservation taxation economic development and trade insurance telecommunications education justice and enforcement tourism energy labour transportation environment liquor control other (please specify) financial institutions gaming and lotteries forestry manufacturing government procurement mining health privatization and outsourcing highways science and technology

III. Lobbying Targets

Check the appropriate area(s) that best identify the target of your lobbying activities.

Departments	Agencies, Boards and Commissions	
Agriculture and Fisheries	Advisory Commission on AIDS	Real Estate Commission
Community Services	Alcohol and Gaming Authority	Resource Recovery Fund
Economic Development	Canada-NS Offshore Petroleum	Board
Education	Board	Securities Commission
Energy	Children and Family Services	Status of Women,
Environment and Labour	Advisory Committee	Advisory Council
Finance	Disabled Persons Commission	Student Assistance
Health	Election Commission	Higher Appeals Board
Justice	Embalmers and Funeral Directors	Tourism Partnership
Natural Resources	Board	Council
Public Service Commission	Farm Loan Board	Treasury and Policy
Service Nova Scotia	Fisheries and Aquaculture Loan	Board
Tourism and Culture	Board	Utility and Review Board
Transportation and Public Works	Fuel Safety Board	Voluntary Planning
	Health Services and Insurance	Workers' Compensation
	Commission	Board
	Labour Relations Board	Youth Advisory Council
	Law Reform Board	other (please specify)
	Liquor Commission	
	Meat Inspection Board	
	Municipal Finance Corporation	
	N.S. Business Inc.	
	N.S. Gaming Corp.	
	N.S. Resources Ltd.	
	Pay Equity Commission	
	Police Commission	
	Primary Forest Products Marketing Board	

IV.	Commi	unication	Technic	ues
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Check the techniques of communication that you have used or expect to use in the course of your activities.

arranging one or more meetings telephone calls
meetings informal communication
presentations grass-roots communication
written communication (hard copy or electronic) other (specify)

V. Lobbying MLAs

Have you lobbied, or do you expect to lobby, a member of the House of Assembly in the member's capacity as a member, or a person on the member's staff?

Yes No

Section F: FUNDING

I. Government Funding

Is your client funded in whole or in part by a government or government agency?

Yes No

Name of government or government agency	Amount of funding received
Name of government or government agency	Amount of funding received

II. Private Funding Related to Lobbying Activities

In the client's fiscal year preceding the filing date of this return, did your client receive funding of \$750 or more from an entity or organization, or from an individual acting on behalf of an entity or organization, for the purpose of supporting this lobbying activity? This does not include private donations made by individuals acting in their personal capacity. (Use a separate sheet if necessary.)

Yes No				
Name of entity, organization or individual				
Business Address				
City	Province/State	Country	Postal/Zip Code	
Name of entity, organization or individual				
Business Address				
City	Province/State	Country	Postal/Zip Code	

III. Contingency Fees

Is your payment, either in whole or in part, contingent on the success of the undertaking?

Yes No

Section G: CERTIFICATION

Signature of Lobbyist	Date (DD/MM/YYYY
ify that the information contained in this return or noti	ce is true to the best of my knowledge and belief.

NOTE: Once your return has been reviewed, if you have provided an email address, you will receive correspondence by email, otherwise a letter will be sent by regular mail to the address provided that will advise you of your status. This could be in the form of a rejection notice, a pending notice (whereby the registry requires further information), or a confirmation indicating that your return has been accepted and entered into the database. The receipt acknowledging payment will also be included with the letter.

PAYMENT INFORMATION

Registration Fee	:	Paper - \$132.70 Online - \$66.35		Renewal Fee:	Paper - \$33.15 Online - \$33.15
VISA	MASTE	RCARD	CHEQUE	MONI	EY ORDER
Credit Card Num	ber				
Expiry Date					
Credit card holde	r's name	as it appears on th	e card. Ple	ase print clearly	/.
Signature of Card	Holder				