

In-house Lobbyist (Company) Registration Form

Complete this form if, under the Lobbyists' Registration Act, you are an employee who, as a significant part of your duties, lobbies the provincial government on behalf of your employer. In-house lobbyists (company) include employees of persons, companies, and partnerships that carry on commercial activities for financial gain. 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.

materials related to the lobbyists.	Registry are available online at 1	https://beta.novascotia.c	ca/programs-and-services/registry-of-	
	th the Registrar within two mont days of each six-month annivers		the individual becomes and in-house	
	every six months), or tion with new information or a c	hange to existing informa	tion.	
Filing may also be done	online. If submitting a paper co	ppy, please print clearly.		
update.			egistration number if this is a renewal or previously filed information	
Registration #				
	ST AND EMPLOYER INFOI lobbyist employed by a perso irst, middle initial)		rship is required to register	
Business address of lob	byist			
City	Province/State	Country	Postal/Zip Code	
Telephone	Fax	Email		
Name of employer (company) of lobbyist Registry of Joint Stock Companies number (if applicable)				
Business address of the	e employer if different than lobb	yist's		
City	Province/State	Country	Postal/Zip Code	
Telephone	Fax	Email (optional)		

Section C: OTHER BENEFICIARIES OF LOBBYING ACTIVITIES

I. Subsidiaries

If your employer is a corporation, provide the following information for every subsidiary of the corporation that has a direct interest in the outcome of your activities on behalf of your client. (If there is more than one subsidiary, enter others on a separate sheet.)

separate sneet.)						
Name of subsidiary						
Business address						
City	Province/State Country Postal/Zip Code					
II. Parent Company If your employer is a corporatio	on that is a subsidiary of anothe	er corporation, provide the follo	owing information.			
Name of parent company						
Business address						
City	Province/State	Country	Postal/Zip Code			
	N OF EMPLOYER'S BUSII 's business activities (200 word					

Section E: LOBBYING ACTIVITIES

Note: If you are engaged in more than one lobbying assignment	, subsections I to V must be completed for each
assignment.	

I. Description Describe your lobbying activity and identify any relevant legislative proposal, bill, resolution, regulation, policy, prograr decision, grant, contribution, financial benefit, or contract.						

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
conservation	information technology	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	

IV. Communication Techniques

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 during the fiscal year (or calendar year if fiscal year is not applicable) in which the return is filed?

Primary Forest Products Marketing Board

Yes No

Section F: FUNDING

I. Government Funding

Is your employer 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 fiscal year preceding the filing date of this return, did your employer 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 the inhouse lobbyist's activities? 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	Business Address				
City	Province/State	Country	Postal/Zip Code		
Name of entity, organization or individual					
Business Address					
City	Province/State	Country	Postal/Zip Code		

Section G: CERTIFICATION

certify that the information contained in this return or notice is true to the best of my knowledge and			
Signature of Lobbvist	Date (DD/MM/YYYY)		

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	MASTERO	CARD	CHEQUE	MON	EY ORDER
Credit Card Num	ber				
Expiry Date					
Credit card holde	er's name as	s it appears on th	e card. Ple	ase print clearl	y
Signature of Card	l Holder				