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| logo210,120– F1**REGULATORY QUERY FORM**  | ***Shaded Areas for CNSOPB Use Only*** |
|  **RQ NO.:**  **FILE NO.:**  |
| **APPLICANT:**PROJECT:      SUBJECT:       | **APPLICANT’S FILE:**DATE: Click or tap to enter a date.PAGE:       OF:       |
| REGULATION:       SOR/       -       | SECTION:       |
| **REQUESTING** **REGULATORY DEVIATION\*** QUERY:       PROPOSAL:       RATIONALE:       (USE ADDITIONAL PAPER IF NECESSARY) |
| **APPLICANT** |
| NAME:       TITLE:        | SIGNATURE: TEL. #:        |
|  |
| **REVIEWERS** |
| **OPERATOR’S CONCURRENCE** (IF NOT APPLICANT) |
| NAME:       TITLE:       | SIGNATURE: TEL. #:       DATE: Click or tap to enter a date. |
| **WORKPLACE COMMITTEE OR COORDINATOR CONSULTED** (IF APPLICABLE) [Accord Act, Part III.1 (Federal Version), paragraph 210.07(5)(b), 210.071(5), or 93(5)(b) under Related Provisions] |
| NAME:      TITLE:       | SIGNATURE: TEL. #:      DATE: Click or tap to enter a date.  |
| **CERTIFYING AUTHORITY CONCURRENCE** (IF APPLICABLE)PROPOSAL MEETS REQUIREMENTS OF NOVA SCOTIA OFFSHORE CERTIFICATE OF FITNESS REGULATIONS, SECTION 4(2)(a)(ii) |  |
| NAME:       TITLE:        | SIGNATURE: TEL. #:       DATE: Click or tap to enter a date. |  |
|  |
| **CNSOPB DECISION:** |
| ❑ APPROVED WITHOUT CONDITIONS❑ APPROVED WITH CONDITIONS ❑ REJECTED |
| NAME: TITLE: | SIGNATURE: TEL. #: DATE:  |
| *\*Deviations may include exemptions or substitutions (equivalent standards) as permitted by the Accord Acts, and as indicated in decision letters.* |