## Notice of Alteration Form

Dangerous Goods Handling and Transportation Act Licence



Client File No. :	DGH&	TA Licence No. :
Legal name of the Licencee:	•	
Name of the FACILITY:		
Type of Activity:		
1: 0 : 15		
Licencee Contact Person: Mailing address of the Licencee:		
City:	Provinc	ce: Postal Code:
Phone Number:	Fax:	Email:
Name of proponent contact persor	n for purposes of	the environmental assessment (e.g. consultant):
Phone:	Mailing	gaddress:
Fax:		
Email address:		
Date:	Signature:	
	Printed name:	
A complete Notice of Alteration (Notice of Alteration)	•	Submit the complete NoA to: