



CONSULTANT LOBBYIST REGISTRATION/RENEWAL/ CHANGE OF INFORMATION FORM

FOR OFFICE USE ONLY	
Fees Paid	_____
Receipt No.	_____
Date of Receipt	_____
Tracking No.	_____

SECTION A - PURPOSE

PLEASE CHECK ONE OF THE FOLLOWING AND COMPLETE THE APPROPRIATE SECTIONS. SHOULD YOU REQUIRE FURTHER INFORMATION PLEASE REFER TO THE REGISTRY OF LOBBYISTS WEB SITE AT: WWW.GS.GOV.NL.CA/CR

INITIAL REGISTRATION OF AN UNDERTAKING - Complete All Sections

SEMI-ANNUAL RENEWAL - Complete All Sections

NOTICE OF CHANGE OF INFORMATION - Complete Sections Where Changes Have Occurred to the Information Previously Filed

Registration # (If Known):

NOTE: EACH UNDERTAKING HAS TO BE REGISTERED SEPARATELY

SECTION B - CONSULTANT LOBBYIST DETAILS (PLEASE PRINT)

Consultant Lobbyist Can Be Defined As a Person Who, For Remuneration, Or Other Gain, Reward or Benefit, Undertakes to Lobby On Behalf Of a Client.

LAST NAME		FIRST NAME		MIDDLE NAME	
BUSINESS ADDRESS					
CITY/TOWN		PROVINCE	COUNTRY	POSTAL CODE	
TELEPHONE (Include Area Code)		FACSIMILE		E-MAIL ADDRESS	
Have you held the position of a public-office holder in the twelve month period preceding this registration?					
<input type="checkbox"/> YES (Please specify public-office held: _____)			<input type="checkbox"/> NO		

CONSULTANT FIRM DETAILS (If Applicable)

COMPANY NAME					
BUSINESS ADDRESS					
CITY/TOWN		PROVINCE	COUNTRY	POSTAL CODE	
TELEPHONE (Include Area Code)		FACSIMILE		PROVINCIAL CORPORATE NUMBER (If Applicable)	

SECTION C - CLIENT DETAILS

CLIENT NAME					
BUSINESS ADDRESS					
CITY/TOWN		PROVINCE	COUNTRY	POSTAL CODE	
TELEPHONE (Include Area Code)		FACSIMILE		PROVINCIAL CORPORATE NUMBER (If Applicable)	

CR-L01/December-08

SECTION D - OTHER BENEFICIARIES OF LOBBYING ACTIVITIES

1. PERSON, PARTNERSHIP or ORGANIZATION

Name and business address of any person, partnership or organization that, to the knowledge of the consultant lobbyist, controls or directs the activities of the client and has a direct interest in the outcome of the consultant lobbyist's activities on behalf of the client. (Use Separate Sheet If Required)

NAME (Person/Partnership/Organization)		PROVINCIAL CORPORATE NUMBER (If Applicable)	
BUSINESS ADDRESS			
CITY/TOWN	PROVINCE	COUNTRY	POSTAL CODE

2. SUBSIDIARIES (A corporation is a subsidiary of another corporation if (a) the securities of the corporation, to which are attached more than 50% of the votes that may be cast to elect directors of the corporation, are held, otherwise than by way of security only, directly or indirectly, whether through one or more subsidiaries or otherwise, by or for the benefit of the other corporation; and (b) the votes attached to those securities are sufficient, if exercised, to elect a majority of the directors of the corporation.)

Where the client is a corporation, the name and business address of each subsidiary of the corporation that, to the knowledge of the consultant lobbyist, has a direct interest in the outcome of the consultant lobbyist's activities on behalf of the client. (Use Separate Sheet If Required)

NAME of SUBSIDIARY		PROVINCIAL CORPORATE NUMBER (If Applicable)	
BUSINESS ADDRESS			
CITY/TOWN	PROVINCE	COUNTRY	POSTAL CODE

3. PARENT COMPANY

Where the client is a corporation that is a subsidiary of any other corporation, the name and business address of that other corporation. (Use Separate Sheet If Required)

NAME of PARENT COMPANY		PROVINCIAL CORPORATE NUMBER (If Applicable)	
BUSINESS ADDRESS			
CITY/TOWN	PROVINCE	COUNTRY	POSTAL CODE

4. MEMBERS of COALITIONS

Where the client is a coalition, the name and business address of each partnership, corporation or organization that is a member of the coalition. (Use Separate Sheet If Required)

NAME of COALITION MEMBER		PROVINCIAL CORPORATE NUMBER (If Applicable)	
BUSINESS ADDRESS			
CITY/TOWN	PROVINCE	COUNTRY	POSTAL CODE

NAME of COALITION MEMBER		PROVINCIAL CORPORATE NUMBER (If Applicable)	
BUSINESS ADDRESS			
CITY/TOWN	PROVINCE	COUNTRY	POSTAL CODE

SECTION E - FUNDING SOURCES

1. GOVERNMENT FUNDING

Where the client is funded, in whole or in part, by a government, a government agency or the City of St. John's or its controlled entities, the name of the government, government agency or entity, as the case may be, and the amount of funding received by the client from that government, government agency or entity. (Use Separate Sheet If Required)

NAME of GOVERNMENT or GOVERNMENT AGENCY	AMOUNT of FUNDING RECEIVED
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NAME of GOVERNMENT or GOVERNMENT AGENCY	AMOUNT of FUNDING RECEIVED
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2. FUNDING FROM ANY ENTITY OR ORGANIZATION

The name and business address of any entity or organization, other than a government, a government agency or the City of St. John's or its controlled entities, that, to the knowledge of the consultant lobbyist, contributed (including a contribution in kind but not a membership payment), during the entity's or organization's fiscal year that precedes the filing of the return, \$1,000 or more toward the consultant lobbyist's activities on behalf of the client. (Use Separate Sheet If Required)

NAME of ENTITY OR ORGANIZATION		PROVINCIAL CORPORATE NUMBER (If Applicable)	
BUSINESS ADDRESS			
CITY/TOWN	PROVINCE	COUNTRY	POSTAL CODE

3. FUNDING FROM ANY OTHER PERSON

The name and business address of any person who, to the knowledge of the consultant lobbyist, made a contribution (including a contribution in kind but not a membership payment) of \$1000 or more on behalf of an entity or organization, for the purpose of supporting this lobbying undertaking. (Use Separate Sheet If Required)

NAME of PERSON			
BUSINESS ADDRESS			
CITY/TOWN	PROVINCE	COUNTRY	POSTAL CODE

SECTION F - LOBBYING ACTIVITIES

1. FOCUS AND PARTICULARS

Particulars to identify any relevant legislative proposal, bill, resolution, regulation, by-law, policy, program, decision, grant, contribution, financial benefit or contract that will be the focus of this lobbying undertaking. (Use Separate Sheet If Required)

2. SUBJECT MATTER

The subject-matter with respect to which the consultant lobbyist (i) has lobbied for during the period for which the return is filed, and (ii) expects to lobby for the next following 6 month period. (Select All That Are Applicable - Use Separate Sheet If Required)

SUBJECT MATTER	Has Lobbied During Return Period	Expects to Lobby In Next Following 6 Month Period	SUBJECT MATTER	Has Lobbied During Return Period	Expects to Lobby In Next Following 6 Month Period
● Aboriginal Issues	<input type="checkbox"/>	<input type="checkbox"/>	● Insurance	<input type="checkbox"/>	<input type="checkbox"/>
● Aquaculture	<input type="checkbox"/>	<input type="checkbox"/>	● Justice and Enforcement	<input type="checkbox"/>	<input type="checkbox"/>
● Agriculture	<input type="checkbox"/>	<input type="checkbox"/>	● Labour and Employment	<input type="checkbox"/>	<input type="checkbox"/>
● Arts and Culture	<input type="checkbox"/>	<input type="checkbox"/>	● Liquor Control	<input type="checkbox"/>	<input type="checkbox"/>
● Colleges and Universities	<input type="checkbox"/>	<input type="checkbox"/>	● Lotteries	<input type="checkbox"/>	<input type="checkbox"/>
● Cooperatives	<input type="checkbox"/>	<input type="checkbox"/>	● Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>
● Economic Development	<input type="checkbox"/>	<input type="checkbox"/>	● Mining	<input type="checkbox"/>	<input type="checkbox"/>
● Education and Training	<input type="checkbox"/>	<input type="checkbox"/>	● Municipal Issues	<input type="checkbox"/>	<input type="checkbox"/>
● Energy	<input type="checkbox"/>	<input type="checkbox"/>	● Petroleum Exploration & Development	<input type="checkbox"/>	<input type="checkbox"/>
● Environment and Conservation	<input type="checkbox"/>	<input type="checkbox"/>	● Privatization & Outsourcing	<input type="checkbox"/>	<input type="checkbox"/>
● Financial Institutions	<input type="checkbox"/>	<input type="checkbox"/>	● Science and Technology	<input type="checkbox"/>	<input type="checkbox"/>
● Fishery	<input type="checkbox"/>	<input type="checkbox"/>	● Small Business	<input type="checkbox"/>	<input type="checkbox"/>
● Forestry	<input type="checkbox"/>	<input type="checkbox"/>	● Sports and Recreation	<input type="checkbox"/>	<input type="checkbox"/>
● Government Procurement	<input type="checkbox"/>	<input type="checkbox"/>	● Social Assistance	<input type="checkbox"/>	<input type="checkbox"/>
● Health	<input type="checkbox"/>	<input type="checkbox"/>	● Taxation	<input type="checkbox"/>	<input type="checkbox"/>
● Highways	<input type="checkbox"/>	<input type="checkbox"/>	● Telecommunications	<input type="checkbox"/>	<input type="checkbox"/>
● Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	● Tourism	<input type="checkbox"/>	<input type="checkbox"/>
● Housing	<input type="checkbox"/>	<input type="checkbox"/>	● Trade	<input type="checkbox"/>	<input type="checkbox"/>
● Hunting	<input type="checkbox"/>	<input type="checkbox"/>	● Transportation	<input type="checkbox"/>	<input type="checkbox"/>
● Industry	<input type="checkbox"/>	<input type="checkbox"/>	● Other _____	<input type="checkbox"/>	<input type="checkbox"/>
● Information Technology	<input type="checkbox"/>	<input type="checkbox"/>	● Other _____	<input type="checkbox"/>	<input type="checkbox"/>

3. LOBBY A MEMBER OF THE HOUSE OF ASSEMBLY OR A MEMBER OF THE ST. JOHN'S MUNICIPAL COUNCIL

Have you lobbied or do you expect to lobby a member of the House of Assembly or the St. John's Municipal Council in the member's capacity as a member or a person on the staff of a member of the House of Assembly?

Has Lobbied During Return Period	Expects to Lobby In Next Following 6 Month Period
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. CONTINGENCY FEES

Is your payment, in whole or in part, contingent on your degree of success in this lobbying undertaking?

YES NO

5. LOBBYING TARGETS

Check the name of any department or agency of the Crown, in which any public-office holder is employed or serves whom the consultant lobbyist: (i) has lobbied for the period during which the return is filed, and (ii) expects to lobby for the next following 6 month period.

(Select All That Are Applicable - Use Separate Sheet If Required)

DEPARTMENTS		
	Has Lobbied During Return Period	Expects to Lobby In Next Following 6 Month Period
<input type="checkbox"/> Business	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Environment and Conservation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Executive Council	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Finance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fisheries and Aquaculture	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Government Services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health and Community Services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Human Resources, Labour and Employment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Innovation, Trade and Rural Development	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Justice	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Labrador and Aboriginal Affairs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Municipal and Provincial Affairs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Natural Resources	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tourism, Culture and Recreation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Transportation and Works	<input type="checkbox"/>	<input type="checkbox"/>
OFFICES		
	Has Lobbied During Return Period	Expects to Lobby In Next Following 6 Month Period
<input type="checkbox"/> Government Purchasing Agency	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intergovernmental Affairs Secretariat	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Labour Relations Agency	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Office of the Chief Information Officer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Office of the Premier	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Service Commission	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Service Secretariat	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rural Secretariat	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Women's Policy Office	<input type="checkbox"/>	<input type="checkbox"/>

5. LOBBYING TARGETS (CONTINUED)

Check the name of any department, agency of the Crown or other entity, in which any public-office holder is employed or serves whom the consultant lobbyist: (i) has lobbied for the period during which the return is filed, and (ii) expects to lobby for the next following 6 month period. (Select All That Are Applicable - Use Separate Sheet If Required)

AGENCY/BOARDS/COMMISSIONS/OTHER ENTITIES					
	Has Lobbied During Return Period	Expects to Lobby In Next Following 6 Month Period		Has Lobbied During Return Period	Expects to Lobby In Next Following 6 Month Period
<input type="checkbox"/> Board of Commissioners of Public Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Newfoundland and Labrador Film Development Corporation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bull Arm Site Corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Newfoundland and Labrador Housing Corporation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Investment Corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Newfoundland and Labrador Hydro	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Churchill Falls (Labrador) Corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Newfoundland and Labrador Legal Aid Commission	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> College of the North Atlantic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Newfoundland and Labrador Liquor Corporation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Credit Union Deposit Guarantee Corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oil And Gas Corporation of Newfoundland and Labrador Inc.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EDGE Evaluation Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provincial Advisory Council on the Status of Women	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Farm Industry Review Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provincial Apprenticeship and Certification Board	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financial Services Appeal Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Professional Fish Harvesters Certification Board	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fish Processing Licensing Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provincial Information and Library Resources Board	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heritage Foundation of Newfoundland and Labrador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Regional Integrated Health Authority (Specify _____)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Human Rights Commission of Newfoundland and Labrador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Royal Newfoundland Constabulary	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Income and Employment Support Appeal Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> School Board (Specify _____)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Labour Relations Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> City of St. John's	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lower Churchill Development Corporation Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> St. John's Transportation Commission	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Memorial University of Newfoundland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> St. John's Sports & Entertainment Ltd.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mineral Rights Adjudication Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Student Loan Corporation of Newfoundland and Labrador	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Multi-Materials Stewardship Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Student Assistance Appeal Board	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Municipal Assessment Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The Rooms Corporation of Newfoundland and Labrador	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nalcor Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wilderness and Ecological Reserves Advisory Council	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Newfoundland and Labrador Arts Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Workplace Health, Safety and Compensation Commission	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Newfoundland and Labrador Centre for Health Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Newfoundland and Labrador Chicken Marketing Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>

6. COMMUNICATION TECHNIQUES

Check the techniques of communication, that you have used or expect to use to lobby.
(Select All That Are Applicable - Use Separate Sheet If Required)

COMMUNICATION TECHNIQUE	Has Lobbied During Return Period	Expects to Lobby In Next Following 6 Month Period
<input type="checkbox"/> Arranging One or More Meetings	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meetings	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Presentations	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written Communication (Hard Copy or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Telephone Calls	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Informal Communications	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grass-Roots Communication	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>

7. Notice of Intent to File a Confidentiality Application With the Commissioner of Lobbyists concerning this undertaking.

I have filed or I intend to file an application with the Commissioner of Lobbyists to request that some or all of the information contained in this undertaking be kept confidential for a limited duration as it relates to an investment project of the client, the disclosure of which may seriously prejudice the economic or financial interest of the client. **Note:** You must still file the undertaking with the Registrar.

NO YES

SECTION G - CERTIFICATION

I certify that the information contained in this registration form is true and accurate to the best of my knowledge and belief.

Signature of Consultant Lobbyist

Date

Please send the completed form, accompanied by the applicable fee, to:

Registry of Lobbyists
Commercial Registrations Division
Department of Government Services
P.O. Box 8700
St. John's, NL
A1B 4J6

REMINDERS

- Nothing in the Lobbyist Registration Act shall be construed as requiring the disclosure of the name or identity of any person if that disclosure could reasonably be expected to threaten the safety of that person
- Every person who knowingly makes a false or misleading statement in a return or other document submitted to the registrar under this Act is guilty of an offence.
- RENEWALS - Once registered, a consultant lobbyist must file a return with the registrar within 30 days after the expiration of each 6 month period after the date of filing the previous return.
- UPDATES - A consultant lobbyist must provide the registrar with any change to the information in his or her return and any information required to be provided, the knowledge of which the consultant lobbyist acquired only after the return was filed, not later than 30 days after the change occurs or the knowledge is acquired.
- NOTIFICATION OF COMPLETION OR TERMINATION - A consultant lobbyist shall advise the registrar that he or she has completed an undertaking with respect to which he or she has filed a return or that the undertaking has been terminated no later than 30 days after the completion or termination of the undertaking.
- NOTIFICATION OF CESSATION - A consultant lobbyist shall advise the registrar that he or she has ceased to be a consultant lobbyist no later than 30 days after ceasing to be a consultant lobbyist.