



Natural Resources

Application for Accreditation

Organization Name:			Date:
Primary Contact:			
Position:			
Mailing Address:			
Municipality:			Postal Code:
Telephone:	(W)	(H)	Fax:
E-Mail:			

Alternate Contact:			
Position:			
Mailing Address:			
Municipality:			Postal Code:
Telephone:	(W)	(H)	Fax:
Email:			

Proposed Closed Course Name:			
Course Location:			
Website:			

<p>Closed Course Type: (check all that apply)</p>	<p>Category A:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ATVs <input type="checkbox"/> Off-highway Motorcycles <input type="checkbox"/> Snowmobiles <input type="checkbox"/> Other OHVs (list): <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Size of Course:</p> <p>Trails: _____ km</p> <p>Property: _____ acres</p>
	<p>Category B:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ATVs <input type="checkbox"/> Off-highway Motorcycles <input type="checkbox"/> Snowmobiles <input type="checkbox"/> Other OHVs (list): <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Size of Course:</p> <p>Trails: Green _____ km</p> <p>Blue _____ km</p> <p>Black Diamond _____ km</p> <p>Property: _____ acres</p>

Other Information:

Additional Information Required (please check):

- drawing or map of the site with trails marked appropriately**
- designs of how special structures such as bridges, guardrails, etcetera will be constructed**
- overview of how applicant is dealing with environmental issues (e.g. special places, water) and safety issues (e.g. steep embankments)**
- proof of incorporation under the *Companies Act* or the *Societies Act***
- proof of land ownership or landowner permission**
- proof that appropriate permits are in place (e.g. navigable waters, environment)**
- proof of insurance**
- proof of sanctioning from CMRC or CMA if applying for Category A**
- copy of the Risk Management Plan**
- copy of the Emergency Response Plan**
- names of trail warden(s), first responder(s), trained official(s) and proof of certification**

Signature: _____
(Primary Contact)

Date: _____

Signature: _____
(President or Owner)

Date: _____