

Consultant Lobbyist Registration Form

Complete this form if, under the *Lobbyists' Registration Act*, you are paid by a client to lobby the provincial government. 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 http://www.gov.ns.ca/lobbyist.

A consultant lobbyist must file a return with the Registrar within 10 days after beginning an undertaking and within 30 days of each six-month anniversary of the initial filing.

Use this form for:

- · Registration,
- · Renewal (required every six months), or
- Updating a registration with new information or a change to existing information.

Filing may also be done online. If submitting a paper copy, please print clearly.

SECTION A PURPOSE			
Check one of the following and or update.	complete the appropriate sect	tions. Supply your registrat	ion number if this is a renewal
□ Registration □ Renewal □ Update □ Complete all sections → Complete all sections → Complete all sections → Complete sections where changes have occurred to previously filed information Registration #			
SECTION B LOBBYIST INFORMATION			
Lobbyist's name (last, first, middle initial)			
Business address of lobbyist			
City	Province/State	Country	Postal/Zip Code
Telephone	Fax	Email	
Name of lobbyist's business or firm		Registry of Joint Stock Companies number (if applicable)	
Address of business or firm if different than lobbyist's			
City	Province/State	Country	Postal/Zip Code
Telephone	Fax	Email (optional)	

SECTION C	CLIENT INF	ORMATION	
Name of client			
Business address of client			
City	Province/State	Country	Postal/Zip Code
Telephone	Fax		
SECTION D	OTHER BENEFICIARIES O	OF LOBBYING ACTIVITIES	
I. Subsidiaries If your client is a corporation, pro	vide the following information for	every subsidiary of the corporation	on that has a direct interest in the
outcome of your activities on beh Name of subsidiary	alf of your client. (Use a separate	sheet if necessary.)	
Business address			
City	Province/State	Country	Postal/Zip Code
II. Parent Company If your client is a corporation that is a subsidiary of another corporation, provide the following information.			
Name of parent company			
Business address			
City	Province/State	Country	Postal/Zip Code
III. Coalition Members If your client is a coalition, provide the following information for each corporation or organization that is a member of the coalition. (Use a separate sheet if necessary.)			
Name of coalition member			
Business address			
City	Province/State	Country	Postal/Zip Code
			•
Name of coalition member			
Business address			
City	Province/State	Country	Postal/Zip Code

IV. Other Beneficiaries If your client's activities are contro of your lobbying, provide the follow				h a direct interest in the outcome	
Name of person, partnership or o		,	,		
Business address of other benef	iciary				
City	Province/State Country Postal/Z		Postal/Zip Code		
SECTION E	LOBBY	ING ACTIVITIES			
Note: Consultant lobbyists must c	omplete a separate registra	ation for <u>EACH</u> undertakir	ng.		
I. Description Describe your lobbying activity and grant, contribution, financial benef		lative proposal, bill, resol	ution, regulati	on, policy, program, decision,	
II. Subject Matter Check the appropriate area(s) that	best identify the subject m	atter of your lobbying act	ivities:		
 □ agriculture □ arts and culture □ colleges and universities □ conservation □ economic development and trace □ education □ energy □ environment □ financial institutions □ forestry □ government procurement □ health □ highways 	le	 □ housing □ industry □ information technology □ insurance □ justice and enforcement □ labour □ liquor control □ gaming and lotteries □ manufacturing 		□ small business □ sports and recreation □ social assistance □ taxation □ telecommunications □ tourism □ transportation □ other (please specify)	
III. Lobbying Targets Check the appropriate area(s) that	best identify the target of y	your lobbying activities:			
Departments	Agencies, Boa	ards and Commissions			
□ Agriculture and Fisheries □ Community Services □ Economic Development □ Education □ Energy □ Environment and Labour □ Finance □ Health □ Justice □ Natural Resources □ Public Service Commission □ Service Nova Scotia and Municial Relations □ Tourism and Culture □ Transportation and Public Work	□ Alcohol and o □ Canada-NS o Board □ Children and Advisory Con □ Disabled Per □ Election Com □ Embalmers a Board □ Environment pal □ Farm Loan B □ Fisheries and Board s □ Fuel Safety B □ Health Service Commission □ Labour Relat □ Law Reform □ Liquor Comn	rsons Commission nmission and Funeral Directors al Assessment Board doard d Aquaculture Loan Board ces and Insurance tions Board Commission nission	□ Pay E □ Police □ Prima Board □ Reso □ Secul □ Statu □ Stude Board □ Touris □ Utility □ Volun □ Work	Estate Commission urce Recovery Fund Board rities Commission s of Women, Advisory Council ent Assistance Higher Appeals	
	□ N.S. Busines □ N.S. Gaming				

IV. Communication Technique Check the techniques of communication Techniques		ed or expect to use in the course	of your a	activities.
□ arranging one or more meeti□ meetings□ presentations□ written communication (hard		☐ informal comm ☐ grass-roots cor	☐ telephone calls ☐ informal communication ☐ grass-roots communication ☐ other (specify)	
V. Lobbying MLAs Have you lobbied, or do you ex person on the member's staff?	spect to lobby, a member of	the House of Assembly in the m	ember's	capacity as a member, or a
□ Yes □ No				
SECTION F		FUNDING		
I. Government Funding Is your client funded in whole o	r in part by a government o	or government agency?		
	me of government or government agency Amount of funding received			unt of funding received
Name of government or government agency Amount of funding received			unt of funding received	
organization, or from an individ	ding the filing date of this re ual acting on behalf of an e	eturn, did your client receive fund entity or organization, for the purp als acting in their personal capaci	ose of s	upporting this lobbying activity?
Name of entity, organization of	or individual			
Business Address				
City	Province/State	Country		Postal/Zip Code
Name of entity, organization of	or individual			
Business Address				
City	Province/State	Country		Postal/Zip Code
III. Contingency Fees Is your payment, either in whole	e or in part, contingent on t	he success of the undertaking?		
□ Yes □ No				

SECTION G	CERTIFIC	CATION	
I certify that the information contained in this return or notice is true to the best of my knowledge and belief.			
Signature of Lobbyist	<u>—</u>	Date (Di	D/MM/YYYY)
status. This could be in the	form of a rejection notice, onfirmation indicating that	, a pending notice (wh your return has been	ail) that will advise you of your hereby the registry requires accepted and entered into th this letter.
	PAYM	ENT	
	· \$128.85 - \$64.40	Renewal Fee:	Paper - \$32.20 Online - \$32.20
VISA MASTERCARD	CHEQUE 🗅	MONEY	ORDER 🗅
Credit Card Number			
Expiry Date			
Credit card holder's name as it appe	ars on the card. Please pri	nt clearly.	
Signature of Card Holder			
Please send the completed form	ı to:		
Registry of Lobbyists			

Service Nova Scotia and Municipal Relations PO Box 1523

Phone: 1-800-670-4357 or 424-5200 Halifax, Nova Scotia, B3J 2Y3 Fax: (902)424-4633