

# APPLICATION FOR CANADIAN WILDLIFE SERVICE PERMIT

## Applicant Information

### 1. Applicant name and mailing address

Mark Mallory, Canadian Wildlife Service  
P.O. Box 1714, Iqaluit, NU X0A 0H0

### 2. Phone

867 975 4637

### 3. Fax

867 975 4645

### 4. E-mail

mark.mallory@ec.gc.ca

### 5. Name and address of camp/trip supervisor, if different from above

Grant Gilchrist  
Canadian Wildlife Service, 100 Gamelin Blvd., Hull, Quebec K1A 0H3

### 6. Phone

### 7. Fax

### 8. E-mail

Grant.gilchrist@ec.gc.ca

### 9. Total number of people covered by application

2

## Project Scope and Description

### 10. Type of permit applied for:

Sanctuary Permit – multi year

### 11. Project scope. Succinct summary of proposed activity(ies) in two sentences or less.

Since 2002, we have been surveying Ivory Gulls to try and determine why the populations have declined by 80%. We plan to land briefly (approximately 1 hour) at Seymour Island MBS to count how many gulls are nesting there.



**14. Geographic place name (be as specific as possible)**

Seymour Island (north of Bathurst Island)

**15. Coordinates (enter multiple coordinates for activities occurring over a large area(s))**

76° 48' N, 101° 16' W

**16. Territory**

Nunavut

**17. If in Nunavut, which region?**

Baffin

**18. Status of land on which project will occur**

Federal Crown

**19. Proposed start date**

July 1 2006

**and end dates (in same year):**

July 5 2006

**20. For multi-year projects, proposed term of permit (years): 3**

**Materials Used**

**21. List equipment and fuel to be used. Include aircraft, boats, generators, large tent structures, various types of fuel, etc.**

2

Fuel or equipment	Size/amount	Proposed use
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Bell helicopter to access site – land and be gone in approximately 1 hour; no fuel at site

**22. Do you plan to carry firearm(s)? Yes  No**

**If yes, number, type and purpose of firearms**

Firearms for bear protection – 2 12 gauge shotguns

**23. Waste disposal: document type of waste produced and proposed disposal method (if insufficient space here please continue in the Additional Information box).**

Type of waste	Approx. amount produced	Proposed disposal method
Garbage	n/a	
Grey Water	N/a	
Sewage	N/a	
Hazardous waste	N/a	

**Local involvement in project**

**24. List local community representatives who have been contacted about your proposed activities. Include community groups, local businesses, schools, etc. State how they are participating in your activity, if at all (e.g. providing advice, supplying goods, hired to assist you, etc.)**

**#1**

Representative name:  
 Name of group represented:  
 Address/phone/fax:  
 How contacted, and date  
 Participating?  Yes      X No  
 If yes, how?

Isaac Kalluk
Chair, Resolute Bay HTA
Meeting in January 2006

**#3**

Representative name:  
 Name of group represented:  
 Address/phone/fax:  
 How contacted, and date  
 Participating? x Yes  No  
 If yes, how?


**25. Additional Information**

Application submitted for GN-DSD Wildlife Research Permit

