



Energy, Mines and Resources

**Oil and Gas Resources Branch**

Department of Energy, Mines and Resources, Government of Yukon

Suite 300, 211 Main Street, Whitehorse, Yukon Y1A 2B2

Ph: (867) 393-7042 • Fax: (867) 393-6262 • Email: [oilandgas-COO@gov.yk.ca](mailto:oilandgas-COO@gov.yk.ca)

# CORPORATE PROFILE AND APPLICATION FOR AN IDENTIFICATION CODE

This form is available in French  
*Également disponible en français*

A. APPLICATION INFORMATION			
Date of Application _____ / _____ / _____ <small>YYYY MM DD</small>			
B. APPLICANT INFORMATION			
Full Legal Name of Applicant			
Yukon Corporate Registry Number		Abbreviation of Corporate Name	
<b>Type of Oil and Gas Activity</b> (choose all that apply)			
<input type="checkbox"/> Geoscience Exploration	<input type="checkbox"/> Well	<input type="checkbox"/> Field Facility	<input type="checkbox"/> Pipeline
<input type="checkbox"/> Gas Processing Plant	<input type="checkbox"/> Gas Export	<input type="checkbox"/> Oil Export	
C. OFFICIAL SERVICE ADDRESS			
Address		City/Town	Territory/Province
			Postal Code
Phone	Fax	Email	
Full Legal Name of the Authorized Authority at the Official Service Address (if different from the applicant):			
Name of Contact Person at the Official Service Address			Capacity
Address		City/Town	Territory/Province
			Postal Code
Phone	Fax	Email	
D. SIGNATURE			
Indicate the name and capacity of the person signing for the applicant.			
Printed Name			Capacity
Signature			Date
The applicant certifies that the information here and in all supporting documentation is correct.			

Personal information on this form is collected under the authority of section 29 of the *Access to Information and Protection of Privacy Act*. If there is any conflict or inconsistency between this application form and any provision of the *Yukon Oil and Gas Act* or its regulations, the *Yukon Oil and Gas Act* and its regulations prevail.

## CHECKLIST: CONTENTS OF THE SUBMISSION – Check all that apply.

Application Form.

### Financial Responsibility (one of the following):

- Letter of credit.
- A guarantee or an indemnity bond.
- Other proof satisfactory to the Minister.

Also, please supply copies of the following.

- Liability insurance policy.
- Proof of good standing with Yukon Workers' Compensation Health and Safety Board.
- Memo of any litigation or possible contingent liabilities not noted in the financial statements or a declaration there is none.
- Business license.
- CRA on-line printout of payroll and GST showing accounts up to date or copy of most recent filing.
- Estimated cost of Spill Contingency Plan.

### Financial Viability (both of the following):

- Applicant's audited financial statements.
- Applicant's most recent credit rating reports. (Must be investment grade (B-rating) or above. (This rating includes: "BBB-" or higher from Standard & Poor's; "BBB low" or higher from DBRS; "Baa3" or higher from Moody's; "BBB-" or higher from Fitch; and/or the equivalent from another internationally recognized credit rating agency.)

### Financial Viability (and any 3 from this list):

- Notice of assessment for filing most recent corporate income tax return.
- Up to date in-house financial statements.
- Business plan.
- Projected cash flow for next year.
- Copies of any new banking agreements and any new loans/leases.
- Organizational chart and any pending re-organization information including change in shareholdings.

### Insurance

- Certificate of Insurance indicating:
  - the name of the insurance carrier;
  - the amount of coverage;
  - the estimated time required before payout occurs;
  - that the Applicant has sufficient funds to pay the deductible amount;
  - the length of time for which the insurance coverage has been put in place;
  - that Oil and Gas Resources will be notified at least 60 days in advance if insurance will be cancelled or changed;
  - the listing of all exclusions; and
  - that the insurance provider has a credit rating of investment grade (B-rating) or higher (see description of credit ratings above);
  - that each policy names the Government of Yukon as an insured party.
- If Applicant is covered by more than one insurance policy:
  - Independent, 3rd party review of all combined insurance who must provide verification details of the review. A third party insurer must include a statement certifying that it has reviewed the policy. The Certificate of Verification Form provided in this document may be used.
  - Also, if the Applicant does has 3rd party insurance, proof must be provided that the Applicant has, and will maintain, sufficient funds to cover the costs of a worst case scenario not paid for by the insurance carrier.
- If the Applicant is self-insured, proof must be provided that the Applicant has, and will maintain, sufficient funds to cover the total costs of a worst case scenario.

### Other Financial Instruments<sup>2</sup> (one or more of the following):

- Additional third-party insurance:** indicate particulars as per the certificate of insurance listed above.
- Audited financial statements:** that demonstrate the Applicant has sufficient financial strength with adequate cash and/or easily accessible capital to cover the costs of a worst case scenario. The audited financial statements of the Applicant's parent corporation will not be considered acceptable (unless the parent corporation has signed a parental guarantee).
- Letter of credit:** an additional irrevocable letter of credit.
- Parental or third party guarantee:** The corporate affiliate or parent company can provide a letter indicating that in the event of an incident, the Government of Yukon would be the recipient of sufficient funds from the corporate affiliate or parent company to cover the costs of the worst case scenario. This letter must be accompanied by audited financial statements and the most recent credit rating reports from the parent company or corporate affiliate.
- Industry group fund:** The Applicant may provide evidence of participation in an industry group fund that may be used to cover the cost of a worst case scenario.
- Any other arrangement acceptable to the Minister. Please specify.



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# CERTIFICATE OF VERIFICATION FORM

**Note:** This form is to be submitted with a *Corporate Profile and Application for an Identification Code* **ONLY** if Applicant is covered by more than one insurance policy.

For the Third Party We, the undersigned Third Party, hereby certify that we have reviewed:

(1) policy number(s) \_\_\_\_\_ effective from and expiring on \_\_\_\_\_  
as issued to \_\_\_\_\_ (hereinafter referred to as the 'Insured')  
whose address is at \_\_\_\_\_.

(2) the policies provide for

- Control of Spill insurance up to a limit of ..... Cdn\$ \_\_\_\_\_ Per Incident
- Seepage and Pollution (Spill and Debris), Clean-up and Contamination Insurance (including coverage for remediation and compensation) up to a limit of ..... Cdn\$ \_\_\_\_\_ Per Incident
- Control of the Spill plus Spill and Debris, Clean-up and Contamination Insurance (including coverage for pollution remediation and compensation) with a combined single limit of ..... Cdn\$ \_\_\_\_\_ Per Incident  
[100%] **OR** [for Insured's interest]
- Deductible ..... Cdn\$ \_\_\_\_\_ Per Incident  
[100%]

(3) The policies indicate that the coverage afforded by the said policies will not be cancelled until notice in writing has been given to the Insured and including the Board; furthermore, that such cancellation shall not become effective until after the expiration of 60 days from the date the notice is received by the Insured;

(4) [that the each policy provider has one or more of the following credit or financial strength ratings] **OR** [that each providers' underwriter has one or more of the following credit or financial strength ratings]

- "BBB-" or higher from Standard & Poor's; "BBB low" or higher from DBRS; "Baa3" or higher from Moody's; "BBB-" or higher from Fitch; and/or the equivalent from another internationally recognized credit rating agency.

\_\_\_\_\_  
Signed for and on behalf of the Third Party