

## Instructions

- The Aggregate Resources Act (ARA) provides for the transfer of a licence or permit.
- A transferred licence or permit will allow the continued operation of the licensed or permitted site under the same terms, conditions and site plan requirements as the original licence or permit.
- Any changes or amendments to the site plan or licence/permit conditions are a separate process.
- The transferor and transferee must complete this "Application for the Transfer of a Licence or Permit" form.
- The transferor is the existing licensee or permittee. The transferee is the proposed future licensee or permittee.
- Documentation of the corporate name of the transferee (e.g., Articles of Incorporation) is required.
- To transfer a licence, documentation that the transferee has acquired the extraction rights (i.e., newly signed and dated Lease Agreement or a copy of the Deed, if the property has been sold) is also required.
- If the transfer is approved, an "Amendment Without Approval" form can be completed under O. Reg 244/97 subsection 7.2(1) paragraph 1 following the transfer of the licence or permit to update the name and address information of the licensee or permittee on the site plan.
- A transfer fee applies and is identified in <u>Ontario Regulation 244/97</u>. Cheques payable to the Minister of Finance can be mailed to: Integrated Aggregate Operations Section, Ministry of Natural Resources and Forestry, 300 Water Street, Peterborough, ON K9J 3C7.
- You may contact <u>ARAapprovals@ontario.ca</u> for more information on fees or how to apply.

## Submission of Form

Submit this form and the additional documentation online using the <u>Natural Resources Information Portal</u>, or if web access is unavailable, by mail to the Integrated Aggregate Operations Section, Ministry of Natural Resources and Forestry, 300 Water Street, Peterborough ON K9J 3C7.

## Notice of Collection and Use

Personal Information is collected by MNRF, under the authority of the *Aggregate Resources Act* and Ontario Regulation 244/97 and will be used for data administration, analysis and aggregate resources program management, including communication and audit/enforcement purposes. Personal information will only be disclosed in compliance with *Freedom of Information and Protection of Privacy Act* or as required by law. If you have any questions about the collection and use of your personal information, please contact Ministry of Natural Resources and Forestry, Natural Resources Information and Support Centre (NRISC), 300 Water Street, Peterborough ON K9J 3C7, Toll free: 1-800-667-1940.

| 1. Required Inf                         | ormation       | to Tran   | sfer a Licer     | nce or P            | Permit  |             |                |
|---|----------------|-----------|------------------|---------------------|---|-------------|----------------|
| Licence or Permit Identification Number |                |           |                  |                     | Licence/Permit Issued to  |             |                |
| Legal Description                       | n of the Sit   | e         |                  |                     |   |             |                |
| Lot Concession                          |                |           | sion             | Geographic Township |   |             |                |
| Local Municipality                      |                |           |                  |                     | County/Region   |             |                |
| Territorial District Street Address     |                |           |                  |                     |   |             |                |
| 2. Transferor C                         | ontact Inf     | ormati    | on and Atte      | station             |   |             |                |
| Last Name                               |                |           |                  |                     | First Name  |             | Middle Initial |
| Address                                 |                |           |                  |                     |   |             |                |
| Unit Number                             | Street Num     | ber       | Street Name      |                     |   |             | PO Box         |
| City/Town                               |                |           |                  | Province            |   | Postal Code |                |
| Telephone Number Email Addres           |                |           |                  | SS                  |   |             |                |
| The transferor of                       | consents to tl | ne transf | er of the licenc | e or perm           | it to the transferee.   |             |                |
| By signing below, I                     | confirm that   | the abov  | e statement is   | true and a          | accurate.   |             |                |
| Signature                               |                |           |                  |                     | Date (yyyy/r  |             | mm/dd)         |
| 3. Transferee                           | Contact In     | format    | ion and Atte     | estation            | 1   |             |                |
| Last Name                               |                |           |                  |                     | First Name  |             | Middle Initial |
| Legal Name of the                       | Corporation    |           |                  |                     |   |             |                |
| Address                                 |                |           |                  |                     |   |             |                |
| Unit Number                             | Street Num     | ber       | Street Name      |                     |   |             | PO Box         |
| City/Town                               |                |           | Province         |                     |   | Postal Code |                |
| Telephone Number                        | ext.           |           | Email Addres     | SS                  |   |             |                |
|   | be required    | to perfor | m such rehabili  | itation or o        | not been operated in compliance<br>other actions necessary to bring |             |                |
| By signing below, I                     | confirm that   | the abov  | e statement is   | true and a          | accurate.   |             |                |
| Signature                               |                |           |                  |                     | Date (yyyy/mm/dd)   |             |                |
|   |                |           |                  |                     |   |             |                |

Check this box if consent to transfer is not provided by the licensee/permittee:

This transfer becomes effective when the new licence or permit is issued.