

CITSS Cross-Jurisdiction Users

Instructions

This form is to be used by individuals who have already been approved as users in the Compliance Instrument Tracking System Service (CITSS) by a jurisdiction other than Nova Scotia and now wish to serve as an account representative or an account viewing agent for a Nova Scotia Program Participant.

A CITSS cross-jurisdiction user may be designated to serve as an account representative for a Nova Scotia Program Participant when the participant applies to register under Nova Scotia's Cap-and-Trade Program Regulations.

Alternatively, a CITSS cross-jurisdiction user may be designated as an account representative or an account viewing agent and added to a Nova Scotia Program Participant's account after the Registrar has already approved the participant's registration.

This completed form and notarized authorization letter(s) must be submitted in both of the circumstances described above.

The Registrar must receive this completed form and supporting documents no later than three (3) months from the date on which the notary attestation made under Section 2 is signed.

Instructions for the Applicant

1. Fill out "Section 1 - Individual Identification" of this form.
2. When you have your appointment with the notary or lawyer, bring:
 - this form
 - the letter of authorization that has been prepared by the chief officer or a resolution of the board of directors of each program participant attesting that you have been duly designated to act on behalf of the Program Participant as a primary account representative, alternate account representative, or account viewing agent (PAR, AAR, or AVA) for the purposes of the Cap-and-Trade Program Regulations.
3. Submit by mail to the Registrar at the address below:
 - the completed original of this form
 - a certified copy of each letter of authorization that you've provided to the notary or lawyer

**Cap-and-Trade Program
Nova Scotia Environment
1903 Barrington Street
2nd Floor, Suite 2085
Halifax, NS B3J 3L7**

Note: Each letter of authorization reviewed by the notary must bear the notary's seal. The documents must be notarized by a lawyer or a non-lawyer notary. Documents sworn by a commissioner for taking affidavits are not acceptable.

Instructions for the Notary or Lawyer

1. Fill out "Section 2 Notary or Lawyer" of this form and return it to the Applicant.
2. Review the letter(s) of authorization provided by the applicant and certify, if deemed authentic.



The Registrar will review each form for completeness and may request additional information before accepting a submission as complete.

For any questions regarding this form, please contact Nova Scotia Environment at capandtradehelp@novascotia.ca.

Notice of Collection of Personal Information

Personal information collected in this form is collected under the authority of the Nova Scotia *Environment Act 1994-95* for the purposes of the administration of Nova Scotia's Cap-and-Trade Program. The information will be used to evaluate your designation as an account representative or an account viewing agent pursuant to the Cap-and-Trade Program Regulations.

Fields marked with an asterisk (*) are mandatory.

1. Individual identification (to be completed by the Applicant)

Please ensure this information is consistent with what has already been entered into CITSS.

First name*	Last name*
Date of birth (yyyy/mm/dd)*	Initial jurisdiction of CITSS user registration*
Name of program participant*	Role (primary account representative, alternate account representative, account viewing agent)*
CITSS user reference code (12-character code)*	CITSS entity ID*

Primary Residence and Contact Information

Address unit	Street number and name*		
City/Town*	Province/State*	Country*	Postal code*
Telephone number *	Email address*		

Employment Information

Applicant's position title*	Employer's name*



Employer's Address and Contact Information

Address unit	Street number and name*		
City/Town*	Province/State*	Country*	Postal code*

Declaration of Criminal Conviction

The question below does not apply to criminal offences where you have obtained a pardon or record suspension within the meaning of the Criminal Records Act (Canada) or to findings of guilt for criminal offences where you received an absolute discharge or conditional discharge on conditions set out in a probation order.

Have you been convicted of a criminal offence within the five (5) years prior to submitting this registration application or have you been found guilty of an offence under the Nova Scotia *Environment Act 1994-95*, the *Nova Scotia Securities Act*, the Nova Scotia Cap-and-Trade Program Regulations, or the Nova Scotia Quantification, Reporting and Verification Regulations?

Yes No

Applicant Attestation

Consent for the collection of personal information from the jurisdiction in which the CITSS User initially registered and consent for disclosure by that jurisdiction of such information.

Personal information collected by Nova Scotia Environment is for the purposes of the administration of Nova Scotia's Cap-and-Trade Program and is treated confidentially in accordance with Nova Scotia's *Freedom of Information and Protection of Privacy Act*. This consent is valid until it is withdrawn in accordance with paragraph 7 below.

I, the undersigned, do hereby declare that:

1. I have been designated to act as an account representative or account viewing agent on behalf of the participant for the purpose of the Nova Scotia Cap-and-Trade Program Regulations.
2. I will comply with the Nova Scotia *Environment Act 1994-95* and the Cap-and-Trade Program Regulations.
3. I have previously registered as a CITSS User with Québec's Ministère de l'Environnement et de la Lutte contre les changements climatiques ("Québec") or California Air Resources Board ("California").
4. To the best of my knowledge, I meet the eligibility criteria to be designated as an account representative or an account viewing agent as set out in the Cap-and-Trade Program Regulations and that any necessary disclosures made by me regarding the declaration of criminal convictions or findings of guilt to the jurisdiction in which I initially registered as a CITSS user are accurate.
5. The information and documents that I have previously submitted to the jurisdiction in which I initially registered as a CITSS user in order to be granted access to CITSS are accurate.



- 6. I am aware that it is an offence under the *Environment Act 1994-95* and the Cap-and-Trade Program Regulations to submit false statements and information or to omit mandatory statements and information.
- 7. I consent to the disclosure by the authorities in the jurisdiction in which I initially registered as a CITSS user, identified in Section 1 of this form, all the personal information and documents previously submitted, or that will be submitted, in my application to be a registered CITSS User, including, but not limited to, my name, address, date of birth, confirmation from a financial institution and identity-related documents, including updates that I make to this information, to Nova Scotia Environment for the purposes of the administration and enforcement of the Cap-and-Trade Program Regulations. This consent to disclose is valid until the time that I give written notice to Québec or California that I withdraw such consent. I understand that my consent to disclose the above-referenced information is permitted under Article 53 of Québec's Act respecting Access to documents held by public bodies and the Protection of personal information if I initially registered under Québec's Cap and Trade Program or section 1798.24, subdivision (b) of the California Civil Code and any other applicable laws if I initially registered as a CITSS User under California's Cap-and-Trade Program.
- 8. I authorize Nova Scotia Environment to collect from the jurisdiction in which I initially registered as a CITSS User, identified in Section 1 of this form, the personal information and documents previously submitted, or that will be submitted, in my application to be a registered CITSS User including, but not limited to, my name, address, date of birth, confirmation from a financial institution and identity-related documents, as well as updates that I make to this information. I consent to the use of the information and documents previously described for the purposes of determining my designation as an account representative or account viewing agent for a Nova Scotia participant and for the administration and enforcement of the Cap-and-Trade Program of both jurisdictions.

First name*	Last name*

Signature*	Date (yyyy/mm/dd)*

Account Representative or Viewing Agent for Other Participants

Are you currently, or are you in the process of becoming designated by any other Program Participant as an account representative or as an account viewing agent for the purpose of Nova Scotia's Cap-and-Trade Program Regulations or as a person authorized to perform similar functions under the regulations of a designated jurisdiction?

Yes No

If you checked **yes**, please identify the other participant(s) below:

CITSS ID*	
Legal name*	Operating name*
Telephone number*	Email address*



Note: If you need additional space, please include an attachment with Section 1 details.

2. Notary or Lawyer (to be completed by the notary or lawyer)

Please specify whether you are a non-lawyer notary or a lawyer: *

Non-lawyer notary

Lawyer

First name*	Last name*
Title*	License number or identification number*

Professional Contact Information

Legal name of business or organization*			
Address unit	Street number and name*		
City/Town*	Province/State*	Country*	Postal code*
Telephone number *	Email address*		

Letter(s) of Authorization

In the following table, please identify all Nova Scotia Program Participants for which the individual has been designated to act as a primary account representative, an alternate account representative, or account viewing agent pursuant to the Cap-and-Trade Program Regulations. The notary or lawyer must certify the authenticity of each letter as required by the Cap-and-Trade Program Regulations. Please attach the certified letter(s) of authorization to this form.

Each letter of authorization reviewed by the notary must bear the notary's seal.

Item No.	Participant's legal Name*	Participant's operating name*	Date of letter (yyyy/mm/dd)*	Name of signatory (First, last name)*	Position of signatory*
1					
2					
3					

Note: If you need additional space, please include an attachment with Section 2 details.



Notary or Lawyer Attestation

I, the undersigned, do hereby declare that:

I have verified the relationship between the individual and each Program Participant listed above and have certified the authenticity of each letter of authorization.

First name*	Last name*

Signature*	Date (yyyy/mm/dd)*

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