

Nomination Form for Shellfish Aquaculture Management Advisory Committee (AMAC)

This form is used to nominate individuals for membership in the Shellfish Aquaculture Management Advisory Committee (AMAC).

Background

The Shellfish AMAC advises on the management of the shellfish aquaculture sector across British Columbia, and provides regular and ongoing advice to DFO in support of the [Pacific Region – Shellfish Integrated Management of Aquaculture Plan \(SF IMAP\)](#).

The Shellfish AMAC is made up of the following:

Group	Number of Seats
Aquaculture Industry	7
First Nations	7
Environmental Organizations	3
Aquaculture Associations	1-2
Local Government	1-2
TOTAL:	20-21

The appointment of members will take place through a nomination process managed by Fisheries and Oceans Canada. This form provides an overview of both the process and the criteria which will be used to make appointment to the committees.

Nomination Process

Nominations received will only be considered for those groups with vacant seats. As terms end and vacancies occur, members will be notified via a [Fisheries and Oceans Canada Fisheries Notice](#) of an official call for nominations.

Criteria

Criteria for each Committee Member Group are outlined within the Shellfish AMAC Terms of Reference, under Selection Requirements.

Forms can be completed, signed and returned by email to: AquacultureEngagement.XPAC@dfo-mpo.gc.ca for consideration.

If you have any questions on the nomination process, please contact our general Aquaculture Engagement mailbox at AquacultureEngagement.XPAC@dfo-mpo.gc.ca.

Shellfish Aquaculture Management Advisory Committee (AMAC): Nomination Form

Check Only One Nomination Group Type:

- | | | |
|---|--|--|
| <input type="checkbox"/> Aquaculture Industry | <input type="checkbox"/> First Nations | <input type="checkbox"/> Environmental Organizations |
| <input type="checkbox"/> Aquaculture Associations | | <input type="checkbox"/> Local Government |

1. Nominator

_____ / _____
Last Name First Name

Organization name

Mailing Address

_____ / _____ / _____
City Province Postal Code

_____ / _____
Telephone Email

2. Nominee

_____ / _____
Last Name First Name

Organization name

Mailing Address

_____ / _____ / _____
City Province Postal Code

_____ / _____
Telephone Email

3. Nomination Criteria: Clearly identify how the nominee meets the criteria as outlined in the Selection Requirements section of the Shellfish AMAC Terms of Reference.

4. Nominator Signature: I hereby certify that I am the person named above, and that I am an authorized signing authority of the organization. I have contacted my nominee and they have agreed to have their name considered for the Shellfish Aquaculture Management Advisory Committee.

_____ / _____
Signature Date