

**Confidential Information Designation under Section 121(a) – Yukon  
Environmental and Socio-economic Assessment Act (YESAA)**

**Traditional Knowledge**

The Executive Committee (EC) is given authority to designate specific types of information submitted for consideration in an assessment as confidential. This application form applies to both Executive Committee screenings and Designated Office evaluations.

**Instructions**

Review the guidance material on YESAB’s website. Summary and detailed guidance is available to explain the process and to learn how the Executive Committee designates information confidential.

The application form can either be submitted in hard copy or electronically (in PDF format). The confidential submission (in Part 5) can be completed in the application form or provided separately as an attachment as set out below:

**To Apply for Confidential Information Designation:**

1. Download the Application Form
2. Complete the Application Form
3. Submit using one of the options:

- A) For **hard copy** submissions, seal the application and any attachments in an envelope marked “Attention: Executive Committee – Application to Designate Information Confidential” to YESAB’s Head Office. Hand deliver or mail to:

Yukon Environmental and Socio-economic Assessment Board  
Suite 200-309 Strickland Street  
Whitehorse, YT  
Y1A 2J9

OR

- B) For **electronic** submissions, contact Head office to request **Secure File Transfer** details.

Contact the Executive Committee Manager at the Whitehorse Head Office if you are planning on submitting an application or if you have any questions about filing requirements.

**Confidential**

**APPLICATION FORM**

**Part 1: Applicant Contact Information**

Applicant First Name:	Last Name:
Entity (if applicable):	
Address/Box Number:	
City/Town/Village:	Postal Code:
Email Address:	Phone Number:

**Part 2: Project Information**

Project Title: \_\_\_\_\_

YESAB Project Number (if applicable): \_\_\_\_\_

**Part 3: Traditional Knowledge Questions**

Traditional Knowledge should be submitted by a First Nation, an individual First Nation citizen or their authorized representative. The information, knowledge, observations and understandings are rooted in the traditional way of life of their First Nation. In the statement (Part 4) answer the following questions:

- i. Identify the First Nation: \_\_\_\_\_
- ii. Confirmation that the information has been consistently held in confidence. Yes \_\_\_\_\_ No \_\_\_\_\_  
*(Executive Committee needs to confirm the information is held in confidence)*
- iii. Describe why this should be designated as confidential. Please indicate whether the disclosure of information would result in reasonable expectation of probable harm to a person, place or thing or constitute a violation of the First Nation's cultural value system. For more information, see the guidance document on YESAB's website.
- iv. Describe why this information is relevant to the assessment or relates to the project proposal.

**Part 4: Confidential Information – Traditional Knowledge**

Provide a complete statement of the traditional knowledge information requested for confidential designation. The statement can be stated below or as a separate attachment. If it is a separate attachment, seal it an envelope marked “confidential” with the application form. Electronic versions need to be sent via secure file transfer – contact YESAB for more details.

**Part 5: Non-Confidential Summary**

Provide a non-confidential summary of the information requested for confidential designation. It must convey enough detail to reasonable understanding of the information without revealing specific details. If the information is deemed confidential, the summary is made available on YESAB's online registry and will be relied upon during the assessment process by assessment participants including the Decision Body.

The summary can be provided below or as a separate attachment.

**Part 6: Acknowledgement and Signature**

I have read and agree to the [Privacy Statement](#) for YESAB's online registry. Initials \_\_\_\_\_

I have had assistance in filling out this application form. YES \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the contact information of the person who provided assistance below:

First/Last Name: \_\_\_\_\_

Phone Number or Email: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_