



Version 251113

For assistance in completing this form or any questions, please contact us by email at langcom@langcom.nu.ca or by phone at 867-975-5080 or 1-877-836-2280 (toll-free).



| Information about the Applicant | | |
|--|---------------------|------------------|
| <i>Last name:</i> | <i>First name:</i> | |
| <i>Corporation/Partnership/Association Name:</i> | | |
| <i>Address:</i> | | |
| <i>City/Town:</i> | <i>Postal Code:</i> | <i>Province:</i> |
| <i>Email:</i> | <i>Telephone:</i> | <i>Fax:</i> |

✉ [3A-630 ᐃᑲᐅᐅᑦ, ᓄᓇᓂᑦ](mailto:3A-630@nunavut.ca) • 3A-630 Queen Elizabeth Way, Iqaluit, Nunavut X0A 3H0 • 3A-630 Rue de la Reine Elisabeth, Iqaluit Nunavut X0A 3H0

If your organization provides these services, please confirm that the following requirements are met: the notices, warnings, and instructions, such as restaurant menus, hotel room instructions, drug use instructions, or any other service instructions, are available in Inuktitut.

- | | | |
|--|-----|----|
| • Are all notices, warnings or instructions available in Inuktitut? | Yes | No |
| • Is Inuktitut at least equally prominent as the other languages used? | Yes | No |

If you answered no to any of the above questions, please describe the measures your organization will take to comply with the obligations within the timeframe below fully.

| Within 3 months measures | Within 9 months measures |
|--|--|
|  |  |

3 / OBLIGATIONS FOR ALL ORGANIZATIONS

3.1 Public Signs:

Description: The public signs include hours of operation, directional, emergency and exit signs

- | | | |
|--|-----|----|
| • Are all public signs available in Inuktitut? | Yes | No |
| • Is Inuktitut at least equally prominent as the other languages used? | Yes | No |

If you answered no to any of the above questions, please describe the measures your organization will take to comply with the obligations within the timeframe below fully.

| Within 3 months measures | Within 9 months measures |
|--------------------------|--------------------------|
| | |

customers and client services:

customers and client services:

- customers and client services:*

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- customers and client services:*

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customers and client services:

4 / ATTESTATION OF ACCURACY FOR APPROVAL

I, NAME, serving in the capacity of TITLE at ORGANISATION, hereby certify, on my honor, that all information provided in this form is true, accurate, and complete to the best of my knowledge and belief.

Date: _____ Signature: _____

Please submit this document to the Office of the Languages Commissioner at

Email : langcom@langcom.nu.ca

Or

Mail: Office of the Languages Commissioner,
3A-630 Queen Elizabeth Way,
Iqaluit, NU,
X0A 3H0

Uqauhinut Kamisinaup Havakvia Nunavunmi
Office of the Languages Commissioner of Nunavut
Bureau du commissaire aux langues du Nunavut

Thank you

 $\zeta d^a a \dot{\Gamma}^b!$

Qujannamiik!

Quana!

Merci!

| Internal use only | | | |
|-----------------------|-----|------------------|--------------|
| Approval of the plan: | | Yes | No |
| Comments: | | | |
| Date: _____ | | Signature: _____ | |
| Submission date: | | Reception date: | |
| Next Follow-up: | | File Number: | |
| Type of Organization: | | Location(s): | |
| Comments: | | | |
| Complaint(s): | Yes | No | Information: |