

**PRIVATE SECTOR ACCOMMODATION REQUEST – SECTION 3 OF ILPA**

INSTRUCTIONS

Complete all sections of this document and ensure you include with your application all relevant documentation.

Please note that all accommodation requests must be accompanied by an Inuit language plan. If you already have an approved Inuit language plan, please update it and attached it to this request.

Please submit this document by:

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| **Email**  [langcom@langcom.nu.ca](mailto:langcom@langcom.nu.ca) | **Mail**  PO Box 309  Iqaluit, NU  X0A 0H0 | **Fax**  867-979-7969 |

If you have any questions about this form or the process, please contact us by email at [langcom@langcom.nu.ca](mailto:langcom@langcom.nu.ca) or by phone at (867) 975-5080 or 1-877-836-2280 (Toll free).

All information submitted in the accommodation request will remain confidential.

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| 1. INFORMATION ABOUT THE ORGANIZATION | | | | | |
| Name of the organization | |  | | | |
| Type of organization | | Corporation  Partnership  Union  Sole-proprietorship  Society | Association  Cooperative  Other – Please specify: | | |
| Reason for which the organization is requesting accommodation | | Undue hardship  Non-Inuit linguistic cultural group | | | |
| Information concerning the organization’s structure (identify the general or limited partners, the shareholders, etc.)  Please include all relevant documentation. | |  | | | |
| Nature of the organizations activities: | | Culture, heritage or linguistic  Services  Products | | | |
| Description or the public served by your organization and a description of the types of interaction: | |  | | | |
| 2. PROPOSED ACCOMMODATIONS | | | | | |
| Obligations that cannot be immediately implemented | Reasons this obligation cannot be implemented | | | Less onerous measure proposed | Time frame |
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Additional comments:

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I certify that the information contained in this application, and all other attached documentation is accurate and true in all respects. I understand that if any information is later discovered to be incorrect, inaccurate or false that any accommodation received based on this information can be revoked.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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