

A. BUSINESS INFORMATION (To be completed by the designated Official)			
1	Legal Name		
2	Business Name (If different from legal name)		
3	Civic Address		
4	Mailing Address (If different from the civic address)		
5	Telephone Number (Include extension no. if applicable)	6	Facsimile Number
7	E-mail		
8	Description of the controlled goods the applicant may be required to examine, possess or transfer (Refer to the Export Control List (ECL))		
Description of Controlled Goods		ECL Group No.	ECL Group No.
a			
b			
c			
d			
e			
B. APPLICANT INFORMATION (To be completed by the applicant)			
9	Type of Application ▶ <input type="checkbox"/> New <input type="checkbox"/> Re-Assessment		
10	Business Title (Select all that apply) ▶ <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Individual <input type="checkbox"/> Designated Official <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Employee		
11	Preferred Language of Correspondence ▶ <input type="checkbox"/> English <input type="checkbox"/> French		