A.	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 Facsimi	le Number		
L				
7	E-mail			
8	Description of the controlled goods the applicant may be required to example to the controlled goods.	nine, possess or transfer (Re	efer to the Export Control	
8	List (ECL))	T	efer to the Export Control	
8		nine, possess or transfer (Re	ECL Group No.	
	List (ECL))	T		
<b>8</b>	List (ECL))	T		
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a b	List (ECL))	T		
a b	List (ECL))	T		
a b	List (ECL))	T		
a b	List (ECL))	T		
a b c	Description of Controlled Goods	T		
a b c d e <b>B.</b> <i>A</i>	Description of Controlled Goods  APPLICANT INFORMATION (To be completed by the applicant)	T		
a b c	Description of Controlled Goods	T		
a b c d e <b>B.</b> <i>A</i>	Description of Controlled Goods  APPLICANT INFORMATION (To be completed by the applicant)	T		
a b c d e <b>B.</b> 4	Description of Controlled Goods  APPLICANT INFORMATION (To be completed by the applicant)  Type of Application  New Re-Assessment	ECL Group No.		
a b c d e <b>B.</b> 4	Description of Controlled Goods  APPLICANT INFORMATION (To be completed by the applicant)  Type of Application  New Re-Assessment  Business Title (Select all that apply)  Owner Authorized Individual Designated Of	ECL Group No.	ECL Group No.	
a b c d e <b>B.</b> 4	Description of Controlled Goods  APPLICANT INFORMATION (To be completed by the applicant)  Type of Application   New Re-Assessment  Business Title (Select all that apply)	ECL Group No.	ECL Group No.	
a b c d e <b>B.</b> 4	Description of Controlled Goods  APPLICANT INFORMATION (To be completed by the applicant)  Type of Application  New Re-Assessment  Business Title (Select all that apply)  Owner Authorized Individual Designated Of	ECL Group No.	ECL Group No.	