

A. BUSINESS INFORMATION (To be completed by the Designated Official)

1	Legal Name <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>		
2	Business Name (If different from legal name) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>		
3	Civil Address <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>		
4	Mailing Address (If different from civil address) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>		
5	Telephone Number (Include extension no. if applicable) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	6	Facsimile Number <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
7	E-mail <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>		
8	Description of the controlled goods the applicant may be required to examine, process or transfer (Refer to the Export control list (ECL))		
Description of Controlled Goods		ECL Group No.	ECL Item No.
a			
b			
c			
d			

Description of Controlled Goods		ECL Group No.	ECL Item No.
e			

B. APPLICANT INFORMATION (To be completed by the applicant)

9	Type of Application ▶ <input checked="" type="radio"/> New <input type="radio"/> Re-Assessment
10	Business Title (Select all that apply) <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Owner</div> <div><input type="checkbox"/> Authorized Individual</div> <div><input type="checkbox"/> Designated Official</div> <div><input type="checkbox"/> Officer</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Director</div> <div><input type="checkbox"/> Employee</div> </div>
11	Preferred Language of Correspondence ▶ <input checked="" type="radio"/> English <input type="radio"/> French