



Controlled Goods Program

APPLICATION FOR REGISTRATION

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Attachments

Application for Registration

**Cette trousse est également
disponible en français**





IMPORTANT INFORMATION

This information package provides detailed information on completing the Application for Registration form. If you have any questions or would like additional assistance in completing the form, please contact our **Call Centre** at the coordinates listed on page 9.

This information package contains general information concerning the Controlled Goods Program; if you would like additional information on the program please visit our **Web site** at www.cgp.gc.ca.

OVERVIEW

This application package is part of a kit that includes an **Application for Registration** form that can be used to register with the Controlled Goods Program, as well as amend or renew your existing registration.

What is the Controlled Goods Program?

The Controlled Goods Program (CGP) is a Federal Government security program that helps strengthen Canada's defence trade controls through registration, prevention, deterrence, detection and education. The CGP regulates and controls access in Canada to certain goods and technology specifically designed or modified for military use.

Why is registration required?

The Defence Production Act stipulates that in order to lawfully examine, possess or transfer controlled goods in Canada, you must register with the Controlled Goods Program or be excluded or exempt from registration. To be excluded from registration, you must be employed by a Canadian federal, provincial or territorial government or a federal Crown corporation. To be exempt from registration, you must be a visitor to Canada, a temporary worker, a United States government official, or an employee of a business in the United States that is registered with the International Traffic in Arms Regulations.

“examine” means to investigate controlled goods by any means so as to provide a person with detailed knowledge of the controlled goods' inherent properties and performance characteristics that would allow that person to use this knowledge so that the good could be reproduced or replicated, or the performance of a similar article could be improved.

“possess” means either actual possession, where the person has direct physical control over a controlled good at a given time, or constructive possession, where the person has the power and the intention at a given time to exercise control over a controlled good, either directly or through another person or persons.

“transfer” means, in respect of a controlled good, to dispose of it or disclose its content in any manner.



What are controlled goods?

Controlled goods are those goods and technology specifically designed or modified for military use. Some examples of controlled goods include certain firearms, ammunition with a calibre greater than 12.7 millimetres, many different kinds of munitions, as well as aerospace, satellite and other goods and technology used to guide weapons systems.

A complete list of controlled goods can be found in the Department of International Trade's **Export Control List (ECL)**; a link to the ECL is available on the CGP Web site at www.cgp.gc.ca.

For the purpose of the CGP, the following goods in the Export Control List are controlled:

- All items under **Group 2** (munitions specifically designed or modified for military use);
- **Item 5504** under **Group 5** (strategic goods); and
- All items under **Group 6** (missile technology).

How does a private sector organization register with the Controlled Goods Program?

You must complete an Application for Registration and submit it along with a Security Assessment Application for each proposed Designated Official. The application package can be submitted via facsimile or mail to the CGP at the coordinates listed on page 9.

Who is eligible to register with the CGP?

Individuals are eligible to register with the CGP provided they consent to a security assessment and are ordinarily resident in Canada as either a Canadian citizen or permanent resident.

Businesses are eligible to register with the CGP provided they are incorporated or authorized by federal/provincial/territorial law to carry on business in Canada.

How much lead-time is required?

If you are currently in possession of controlled goods, you must register with the CGP immediately. If you are going to receive controlled goods in the future, submit your application package two months prior to receiving the goods.

If your organization's registration is going to expire soon and you would like to renew your registration, submit your renewal application two months prior to the expiry of your existing registration.

You must report any amendments to your latest Application for Registration, i.e. you must report any amendments to the information the CGP has on file, such as changes in ownership, adding a location with controlled goods, changing your Designated Official, etc. Submit your amendment application as early as one month prior to the change or immediately upon the change taking effect.



COMPLETING THE APPLICATION FOR REGISTRATION

Before You Begin

If **completing the form by hand**, use a black pen and be sure to print as clearly as possible.

If **completing the form electronically**, provide all of the requested information, then print the form, obtain the applicable signatures and submit it via facsimile or mail.

If the form is incomplete or illegible, it could result in **processing delays or the rejection of the request** altogether.

If you require **assistance**, complete as much of the form as possible, and have a list of questions ready for when you contact the Call Centre.

Step-By-Step Instructions

Please read the instructions carefully, as they contain important information.

If a section does not apply, indicate “N/A” (not applicable).

For ease of use explanations have been provided and are numbered to correspond with the boxes found on the form.

Section A – Type of Application

Identify the type of application that you are submitting. Please note that you must check one box.

If this is your organization’s first Application for Registration, check the box entitled “**New**”, and complete the entire form.

If your organization’s registration is going to expire in the next few months and you would like to renew your registration, check the box entitled “**Renewal**”, and complete the entire form.

You must report any amendments to your application for registration. To do so, check the box entitled “**Amendment**”, and complete sections A, B and G of the form. For the remaining sections, complete only those where there are changes from your latest application.

Section B – Business Information

B1 Indicate the **type of business** by checking one of the boxes. If the type of business is not listed, check the box entitled “**Other**” and specify the business type in the space provided.

Please note that for **new applications**, you must include **evidence of the legal status of the business**.

- Certificate of Incorporation
- Certificate of Amalgamation
- Certificate of Continuance
- Certificate of Compliance



For **unincorporated businesses**, you must attach a photocopy of one of the following as evidence:

- Business Name Registration
- HST Number
- GST Number
- PST Number

For **renewal and amendment applications**, you only need to attach evidence of the legal status of the business if there has been a change to the information the CGP has on file.

- B2** Provide the **legal name** of the organization that is registering.
- B3** Provide the **business/operating/marketing name** of the organization that is registering, if different from the legal name. If the legal name and the business name are the same, indicate “N/A”.
- B4** Provide the complete **mailing address** for the registering organization’s head office.
- B5** Identify which **language** you would prefer us to use when corresponding with you, by checking either the “**English**” box or the “**French**” box.

Section C – Controlled Goods Information

- C1** Identify the **group(s) of controlled goods** from the Export Control List that you will examine, possess or transfer, by checking one or more of the 3 boxes. Please note that you must check at least one box.

A link to the Department of International Trade’s Export Control List is available on the CGP Web site at www.cgp.gc.ca.

- C2** Identify whether the Department of International Trade has confirmed the status of your controlled goods. Please note that you must check one box. If you indicated, “yes” in section C2, you must attach a copy of the confirmation.

Section D – Business Location(s)

For consultants and businesses **not in** possession of controlled goods, indicate “N/A” in section D1A and proceed to section E.

For consultants and businesses **in** possession of controlled goods, identify only those locations with controlled goods (including controlled technology), records or security assessments.

Use a separate page if there are more than 2 locations with controlled goods, records or security assessments by making photocopies of page 2 of the form and completing one section per location.



- D1A** Provide the complete **physical address** for the first location with controlled goods, records or security assessments.
- D1B** **Identify whether controlled goods will be kept at this location**, by checking one of the boxes. Please note that you must check one box. If you indicated “No” in section D1B, proceed to section D1E.
- D1C** If you indicated “Yes” in section D1B, provide a **description of the controlled goods**, including the group(s) and item number(s) as identified in the Export Control List. Use a separate page if required.
- D1D** If you indicated “Yes” in section D1B, **identify whether a security plan has been implemented for this location**, by checking one of the boxes. Please note that you must check one box. In the case of a renewal, attach a photocopy of the security plan for this location.
- D1E** **Identify whether records of transfer of controlled goods will be kept at this location**, by checking one of the boxes. Please note that you must check one box.
- D1F** **Identify whether records of employee security assessments will be kept at this location**, by checking one of the boxes. Please note that you must check one box. This section does not apply for records of security assessments of Designated Officials.
- D1G** Provide the **full name** (surname, given name) of the proposed Designated Official for this site, along with their business telephone number. Please note that a Security Assessment must be submitted for each proposed Designated Official.
- D2A** If applicable, provide the complete **physical address** for the second location with controlled goods, records or security assessments. Complete the remainder of section D2, as per the instructions provided under section D1.

Section E – Ownership Information

Identify individual(s) and business(es) that own more than 20% of the voting shares of the registering organization.

For business(es) identified, provide ownership information up to and including the ultimate owner in the corporate tree, following the below format.

Examples on how to complete this section are included below.

E1A For an **individual**, provide the full name (surname, given name).

For a **business**, provide the legal name.

Provide the **percentage of ownership** for the individual/business identified, as well as the complete **mailing address** for the head office.

Please identify whether the business is publicly traded.

Complete the remainder of section E, as per the instructions provided under section E1A.



Example 1 – Ownership by Individuals

Five individuals own your organization. You are only required to identify those individuals owning 20% or more of the organization. In this example, there are only two individuals with 20% or more ownership. The remaining three individuals each have 10% of the voting shares; therefore, they are not listed below.

1A Name	Smith, Joe	Ownership 30%	Head office mailing address 1234 Mailing Address Ottawa, Ontario A1A 1A1
B Name	N/A	Ownership _____%	Head office mailing address
C Name	N/A	Ownership _____%	Head office mailing address
2A Name	Jones, Mary	Ownership 40%	Head office mailing address 567 Mailing Address Ottawa, Ontario T4T 4T4
B Name	N/A	Ownership _____%	Head office mailing address
C Name	N/A	Ownership _____%	Head office mailing address

Example 2 – Ownership by Businesses and Individuals

Your organization is owned by three separate entities having 20% or more of the voting shares. You are required to list each one separately. In the case where an individual is identified you do not have to go further (refer to section 1). In the case where a business is identified (refer to sections 2 and 3), you must continue to indicate the ownership for each business structure up to and including the ultimate parent, ensuring that all ownership at 20% or more has been identified.

1A Name	Smith, Joe	Ownership 30%	Head office mailing address 1234 Mailing Address Ottawa, Ontario A1A 1A1
B Name	N/A	Ownership _____%	Head office mailing address
C Name	N/A	Ownership _____%	Head office mailing address
2A Name	ABC Inc.	Ownership 30%	Head office mailing address 8910 Boulevard, Ottawa, Ontario P2P 2P2
B Name	Mary Jones	Ownership 100%	Head office mailing address 567 Mailing Address Ottawa, Ontario T4T 4T4
C Name	N/A	Ownership _____%	Head office mailing address
3A Name	CDE Ltd.	Ownership 30%	Head office mailing address 12 Address Ottawa, Ontario B2B 2B2
B Name	Business Inc.	Ownership 90%	Head office mailing address 10 Street Ottawa, Ontario C3C 3C3
C Name	Bill McDonald	Ownership 100%	Head office mailing address 5 Avenue Ottawa, Ontario D4D 4D4



Section F – Business Officials

Identify the Officers and Directors of the organization.

- F1** Provide the **full name** (surname, given name) of the Officers and Directors, along with their **title** and complete residential address.
- F2** Complete the remainder of section F, as per the instructions provided in section F1.

Use a separate page if required.

Section G – Certification and Consent

This section is to be completed by an Authorized Individual (an Officer or Director identified in Section F).

- G1** Provide the **full name** (surname, given name) of the Authorized Individual.
- G2** Provide the **title** of the individual identified in section G1.
- G3** Provide the complete **business mailing address** for the individual identified in section G1.
- G4** Provide the **business telephone number** for the individual identified in section G1.
- G5** Provide the **business facsimile number** for the individual identified in section G1.
- G6** Provide the **business e-mail address** for the individual identified in section G1.
- G7** Once sections G1 through G6 are complete, the Authorized Individual identified in section G1 must **sign and date** the form in the spaces provided.

Section H – Contract Information

- H1** If you are involved in a contract for controlled goods with a government organization, provide the **name of the government organization** that is responsible for the contract.
- H2** If you are involved in a contract for controlled goods with a private sector organization, provide the **name of the private sector organization** that is responsible for the contract.
- H3** Provide the **length of the contract** by identifying the start date and the end date.
- H4** Provide the **full name** (surname, given name) and **business telephone number** for the contract contact person or reporting authority.



DOCUMENT CHECKLIST

Corporations

Include the following documentation:

- Application for Registration, signed by the Authorized Individual
- A photocopy of one of the following:
 - Certificate of Incorporation
 - Certificate of Amalgamation
 - Certificate of Continuance
 - Certificate of Compliance
- Security Assessment Application for each proposed Designated Official

Unincorporated Businesses

Include the following documentation:

- Application for Registration, signed by the Authorized Individual
- A photocopy of one of the following:
 - Business Name Registration
 - HST Number
 - GST Number
 - PST Number
- Security Assessment Application for each proposed Designated Official

Renewals and Amendments

In addition to the above-mentioned documentation, for renewals you must include a photocopy of your Security Plan(s). However, for renewal and amendment applications, you only need to attach evidence of the legal status of the business if there has been a change to the information the CGP has on file.

WHAT HAPPENS NEXT

Once you submit your Application for Registration, it will be assigned to a Registration Officer for processing, and the Designated Official Security Assessment Application(s) will be reviewed.

Please note that the Authorized Individual that signed the Application for Registration may be contacted to verify certain information.

Complete files can take between four and six weeks to process, and once a file is approved the Authorized Individual will receive a Certificate of Registration.



WHERE TO SEND THE FORM

Once the application package is complete, submit the package via facsimile or mail to the CGP at one of the following coordinates:

Address

Controlled Goods Program

Public Works and Government Services Canada
C/O CENTRAL MAIL ROOM
PLACE DU PORTAGE PHASE III OB3
11 LAURIER ST GATINEAU
3RD FLOOR
2745 IRIS ST
OTTAWA ON K1A 0S5

Facsimile Number

(613) 948-1722

HOW TO CONTACT US

Telephone

Toll-free 1-866-368-4646
National Capital Region (613) 948-4176

Facsimile

(613) 948-1722

E-mail

ncr.cgd@pwgsc.gc.ca

Web site

www.cgd.gc.ca

USING THE CALL CENTRE SERVICE

Our bilingual Call Centre is available to answer your questions and direct you to useful information. This service is available Monday to Friday from 8:00 a.m. to 4:30 p.m. (Eastern Standard Time).

If an Information Officer is not available to answer your call, please feel free to leave a message and your call will be returned within one business day. When leaving a message, please include your name, telephone number, business name and question(s).



Controlled Goods Program

APPLICATION FOR REGISTRATION

ANY FALSE STATEMENT, MISREPRESENTATION OR CONCEALMENT OF ANY MATERIAL FACT ON THIS APPLICATION OR ANY DOCUMENT PRESENTED IN SUPPORT OF THIS APPLICATION MAY LEAD TO DENIAL, SUSPENSION OR REVOCATION OF REGISTRATION AND BE GROUNDS FOR CRIMINAL PROSECUTION.

PLEASE READ INSTRUCTIONS CAREFULLY

A – Type of Application (check one)

New **Renewal** **Amendment**

For **New and Renewal Applications**, complete all sections of the form.

For an **Amendment Application**, complete sections A, B and G. For the remaining sections, complete only those where there are changes from the original application.

If a section does not apply, indicate “N/A” (not applicable).

B – Business Information

1 - Type of business (check one and attach evidence of the legal status of the business)

- Sole Proprietor
- Partnership
- Corporation
- Other (specify) _____

2 - Legal name

3 - Business name (if different from legal name)

4 - Head office civic address

5 - Preferred language of correspondence (check one)

English

French

C – Controlled Goods Information

1 - Identify the group(s) of controlled goods from the Export Control List that you will examine/possess/transfer (check those that apply).

Group 2 Group 5 (Item 5504) Group 6

2 - Has the Department of Foreign Affairs and International Trade confirmed the status of your controlled goods (check one)?

Yes

No

If yes, attach a photocopy of the confirmation.



D – Business Location(s) (use a separate page for more than 2 locations)

1 – Location of controlled goods and/or records and/or security assessments

A - Physical address

B - Will controlled goods be kept at this location (check one)? Yes No

C - If yes to B, provide a description of the controlled goods, including the group(s) and item number(s) as identified in the Export Control List (use a separate page if required).

D - If yes to B, has a security plan been implemented for this location (check one)? Yes No

E - Will records of transfers of controlled goods be kept at this location (check one)? Yes No

F - Will records of employee security assessments be kept at this location (check one)? Yes No

G - Name a proposed Designated Official for this location.
Note, each proposed Designated Official must submit a Security Assessment Application.

_____ (_____)_____ - _____
Surname, given name Business telephone number

2 – Location of controlled goods and/or records and/or security assessments

A - Physical address

B - Will controlled goods be kept at this location (check one)? Yes No

C - If yes, provide a description of the controlled goods, including the group(s) and item number(s) as identified in the Export Control List (use a separate page if required).

D - If yes, has a security plan been implemented for this location (check one)? Yes No

E - Will records of transfers of controlled goods be kept at this location (check one)? Yes No

F - Will records of employee security assessments be kept at this location (check one)? Yes No

_____ (_____)_____ - _____
Surname, given name Business telephone number

G - Name a proposed Designated Official for this location.
Note, each proposed Designated Official must submit a Security Assessment Application.

_____ (_____)_____ - _____
Surname, given name Business telephone number



E – Ownership Information

(use a separate page if required)

Identify individual(s) and/or business(es) that own more than 20% of the voting shares, and indicate percentage of ownership. For business(es) identified, provide ownership information up to and including the ultimate owner in the corporate tree, following the below format. Examples on how to complete this section are found in the Instructions.

1A - Name		Ownership _____%	Head office mailing address	
	B - Name	Ownership _____%	Head office mailing address	
	C - Name	Ownership _____%	Head office mailing address	
2A - Name		Ownership _____%	Head office mailing address	
	B - Name	Ownership _____%	Head office mailing address	
	C - Name	Ownership _____%	Head office mailing address	
3A - Name		Ownership _____%	Head office mailing address	
	B - Name	Ownership _____%	Head office mailing address	
	C - Name	Ownership _____%	Head office mailing address	



F – Business Officials (use a separate page if required)
Identify the officer(s) and/or director(s).

1 - Name	Residential address
Title	
2 - Name	Residential address
Title	
3 - Name	Residential address
Title	

G – Certification and Consent
Only an Officer or Director identified in Section F may complete this section.

I, the undersigned, as the Individual Authorized by the applicant, do hereby certify that the information contained in this application is true, complete and correct. I acknowledge and agree to comply with the responsibilities outlined in the Defense Production Act and the Controlled Goods Regulations with respect to examining, possessing and transferring controlled goods to another person in Canada.

1 - Surname, given name	2 - Title	
3 - Business mailing address		
4 - Business telephone number () -	5 - Business facsimile () -	6 - Business e-mail address

7 - Signature of Authorized Individual

Signature

Date (YYYY-MM-DD)

H – Contract Information

1 - Controlled good(s) contract is with the following government organization	2 - Controlled good(s) contract is with the following company
3 - Length of contract	
<p style="text-align: center;">_____ Start date (YYYY-MM-DD)</p> <p style="text-align: center;">_____ End date (YYYY-MM-DD)</p>	
4 - Contact person (reporting authority)	
<p style="text-align: center;">_____ Surname, given name</p>	<p style="text-align: center;">() - Business telephone number</p>

Protection of Information

Personal information provided on this application is protected and used in accordance with the provisions of the *Privacy Act* (Personal Information Bank Number PWGSC PPU 045). The information is collected under the authority of the *Defence Production Act* to determine the current and ongoing entitlement of your company to register with the Controlled Goods Program. The information may be verified.