## **APPLICATION TO BECOME AN EXCOL RECOGNIZED BUSINESS**

| Ι   |  | , representing  |                               |
|---|--|---|-------------------------------|
| permit applications, requests for and Delivery Verification Certification                                 | advisory opinions, applicatio ates (DVC) and to satisfy any  | , hereby request authorization igned access privileges to submit ens for International Import Certifical multipurpose reporting requirement EXCOL (Export Controls On Line) was according to the controls of the control of | xport<br>ates (IIC)<br>ats to |
| submission under the <b>Export In</b> submission made via EXCOL shall detail, and applicant certification | <b>mport Permits Act.</b> The ap II incur the same legal obligate. The applicant will continue                                     | the same legal force and effect as plicant agrees that each electronic tion as a paper submission for accusto be obliged to retain records per ple as required by the Export Permi  | racy,<br>taining to           |
| ITCan any material changes in the advisory opinions as reflected in application/request is still under    | ne terms of these orders or o<br>these applications and suppo<br>consideration or an authoriza<br>applicant will be strictly accou | ation has been granted; if such intable for their use in accordance   | rt or                         |
|   |  | viduals listed below are authorized electronic transactions to ITCan via  |                               |
| Company, including the Corporat   | te Officer, will be assigned ar  | submit requests via EXCOL on beh<br>n individual Access Code for his or h<br>EXCOL login to be used by ONLY th  | ner                           |
| ME  | TITLE/FUNCTION   | Unique Email Address  | BUSINESS                      |
|   |  |   |                               |
|   |  |   |                               |

| NAME | TITLE/FUNCTION | UNIQUE EMAIL ADDRESS | BUSINESS<br>PHONE |
|------|----------------|----------------------|-------------------|
|      |                |                      |                   |
|      |                |                      |                   |
|      |                |                      |                   |
|      |                |                      |                   |
|      |                |                      |                   |

If you need additional space to list individuals, please attach a separate sheet.

The Company understands that it is it's responsibility to notify ITCan immediately if for any reason, the company wishes to withdraw the access rights of any individual on the above list. The company officer must notify the EPC Local Registrar Authority by email at **Juudy.Scrimger@international.gc.ca**, by fax (613) 992-9397 or by telephone au (613) 996-2299, with the following information:

- EICB No.
- Company Name
- Name of the Officer requesting the removal of a candidate
- · Title of the officer
- Full Name of the Candidate to be removed
- Effective date of the removal

## **PRIVACY NOTICE**

We remind you that participation in **Export Controls On-Line (EXCOL)** is voluntary. The collection of your name and business contact information (such as address, email, phone and fax) is for the purpose of EXCOL enrolment and the establishment of your secure on-line account(s) and for communications relevant to Export Controls (such as Policy Notices, system availability, etc). The data will not be used for any secondary purpose (e.g., create profiles, marketing, or follow-up research/survey) without first obtaining your explicit consent.

All the information collected will be retained for a minimum of 2 years and a maximum of 7 years after the last administrative use, stored within the program records of the Export Controls Division of the Export Import Controls Bureau, and noted under the following Personal Information Bank: Export Import Controls.

All personal information created, held or collected by the Export Import Controls Bureau of ITCan is protected under the federal <u>Privacy Act</u>. At any point of collection you will be asked for consent to collect your information, and you will be informed of the purpose for which it is being collected and how to exercise your right of access to that information.

## **CORPORATE OFFICER'S CERTIFICATION:**

| I, the undersigned, on behalf of               |   | certify that al |
|--|---|-----------------|
| statements made and all inform                 | ation provided herein are true and correct. |                 |
| EICB No.                                       |   |                 |
| GST No.  |   |                 |
| Company Name                                   |   |                 |
| Company Address                                |   |                 |
| City   |   |                 |
| Province                                       |   |                 |
| Postal Code                                    |   |                 |
| Name of Company Official                       |   |                 |
| Title of Company Official                      |   |                 |
| Unique Email Address                           |   |                 |
| Telephone Number including Area Code           |   |                 |
| Facsimile Telephone Number including Area Code |   |                 |
|  |   |                 |
|  |   |                 |
| Signature                                      | Date  |                 |