

EICB-A1

## Application for Supplementary Import Permit Request for Domestic Sourcing

To: Chicken Farmers of Canada (fax: 613-241-5999), or, Canadian Turkey Marketing Agency (fax: 905-564-9356) **AND** 

Export and Import Controls Bureau (fax: 613-996-	-0612).	Date:
1. Information about Applicant:		
Firm Name:		
Contact Name:		
Fax:	Telephone:	
EICB File Number:		
<b>2. Request</b> (One product per request):		
Product Name:		
ProductCode:		
Delivery Dates:		
3. Product Requirements:		
Total Weekly Requirements: (in kilograms of product requested)		
Less		
Total Purchased by Applicant:		
Equals:		
Amount Requested:		

## 4. Details of Canadian Firms Contacted by Applicant for Supplies:

Product Offered:	Telephone:	
Ouentity (in kile grome):		
Quantity (in kilograms):	Price:	
Bought or Refused:	If refused, please indicate reason:	
Date:	Supplier:	
Contact Name:	Telephone:	
Product Offered:		
Quantity (in kilograms):	Price:	
Bought or Refused:	If refused, please indicate reason:	
Date:	_Supplier:	
Contact Name:	Telephone:	
Product Offered:		
Quantity (in kilograms):	Price:	
Bought or Refused:	If refused, please indicate reason:	

Date:	Supplier:		_
Contact Name:		Telephone:	_
Product Offered:			
Quantity (in kilograms):		Price:	_
Bought or Refused:		_ If refused, please indicate reason:	_
			_
Date:	Supplier:		
Contact Name:		Telephone:	_
Product Offered:			_
Quantity (in kilograms):		Price:	_
Bought or Refused:		_ If refused, please indicate reason:	_
			_
			_
Date:	Supplier:		
Contact Name:		Telephone:	_
Product Offered:			_
Quantity (in kilograms):		Price:	_
Bought or Refused:		_ If refused, please indicate reason:	_
			_
			-
Date:	Supplier:		
		Telephone:	-
Product Offered:			-
		Price:	-
		_ If refused, please indicate reason:	
			-
			-

## Declaration

I agree to indicate to the Agency whether or not I have purchased any product offered on the sourcing list. I declare that the above information and any supplementary information supplied by me is correct. I am aware that this information will be used to assess my request for an import permit. I am aware that section 17 of the Export and Import Permits Act forbids anyone from willfully submitting false or misleading information or knowingly making any misrepresentation in any application in order to procure an import permit.

Signed

Name (printed or typed)

For further information please contact : Export and Import Controls Bureau Import Controls Policy Division (EPM) P.O. Box 481, Station "A" Ottawa, Ontario K1N 9K6 Telephone (613) 995-7765