REQUEST FOR ASSIGNMENT OF A NATO COMMERCIAL AND GOVERNMENT ENTITY (NCAGE) CODE

SECTION A - TO BE COMPLETED BY CANADIAN COMMERCIAL CORPORATION						
1. RI	EQUESTING GOVERNMENT AGENCY/ACTIVITY					
NAM	IE AND ADDRESS:					
Suite 50 O	ADIAN COMMERCIAL CORPORATION 1100 'Connor St. wa, Ontario 0S6					
2. IN	ITIATOR					
a. TYPED NAME (Last, First Middle Initial)		b. OFFICE SYMBOL	c. SIGNA	TURE	d. TELEPHONE NO.	
	SECTION B	- TO BE COMPL	ETED B	Y CANADIAN FIRM		
1. FI	RM					
a. NAME (include Branch of, Division of, etc.)			b. ADDR	b. ADDRESS (Street, City, State and Zip Code)		
c. NCAGE CODE (If previously assigned)						
2. IF FIRM PREVIOUSLY OPERATE UNDER OTHER NAME (S) OR OTHER ADDRESS(ES) SPECIFY THE DEEVIOUS NAME (S) AND OP ADDRESS(ES) (He concepts that of pages if pages in the page of the pages in the pages of th			3. PARE	3. PARENT COMPANY AND AFFILIATED FIRMS (X one, and complete as applicable)		
THE PREVIOUS NAME(S) AND/OR ADDRESS(ES) (Use separate sheet of paper, if necessary)			a. NONE			
				b. CURRENTLY AFFILIATED WITH OTHER FIRMS (List name(s) and address(es) of such firms on a separate sheet of paper)		
				c. PREVIOUSLY AFFILIATED WITH OTHER FIRMS (List name(s) and address(es) of such firms on a separate sheet of paper)		
4. PRIMARY BUSINESS CATEGORY (X one)			5. STAN	5. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE(S)		
	a. MANUFACTURER		a.PRIMA	a.PRIMARY:		
	b. DEALER/DISTRIBUTOR					
	c. CONSTRUCTION FIRM		b. OTHE	b. OTHER (Specify):		
	d. SERVICE COMPANY					
	e. SALES OFFICE					
	f. OTHER (Specify)					
6. RI	EMARKS					
7.FIF	7.FIRM OFFICIAL					
a. TYPED NAME (Last, First, Middle Initial) b. DATE SIGNED (YYMMDD) c. S			c. SIGNATURE	SIGNATURE d. TELEPHONE NO		
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INSTRUCTION FOR COMPLETING REQUEST FOR NCAGE CODE FORM					
SPECIFIC INSTRUCTIONS					
SECTION A - TO BE COMPLETED BY THE INITIATING GOVERNMENT ACTIVITY	SECTION B - (Continued)				
Item 1: Self-explanatory.	Item 4: Self-explanatory.				
SECTION B - TO BE COMPLETED BY THE CANADIAN FIRM	Item 5: The SIC Code is a Government Index used to identify business activity and indicates the function (manufacturer, wholesaler, retailer, or service) and the line of business in which the company is engaged. If multiple SIC Codes, indicate the primary first, next important, etc.				
Items 1a and 1b: Self-explanatory.	Items 6 and 7: Self-explanatory.				
Item 1c: If a NCAGE Code (Type A or Type F) was previously assigned, enter it in this block.	coded facility; i.e., name change, location change, business sold or operations discontinued, etc., written notification stating the appropriate change should be				
Item 2: Self-explanatory	Market Liaison Unit Canadian Commercial Corporation Suite 1100 50 O'Connor St. Ottawa, Ontario K1A 0S6 Tel: (613) 996-0034 Fax: (613) 995-2121				
Item 3: If a block other than "None" is marked, identify the Parent company and a (P) beside the firm name.					