



### **Application for Copyright Clearance on Health Canada Works**

For assistance in completing this form, please contact us using one of the coordinates shown on the last page of this form. Please note that this form applies to **Health Canada works only**, and that **all fields marked by an asterisk (\*) must be completed**

#### **1. APPLICANT INFORMATION**

**(\*) Complete Name:** Title (Mr., Mrs., Ms., Dr.), First Name and Last Name

**Organization** (if applicable)

**(\*) Postal Address**

**(\*) City/Town**

**(\*) Province/State**

**(\*) Postal/Zip Code**

**(\*) Country (if not Canada)**

**(\*) Telephone No.**

  
(    )

Facsimile No.

  
(    )

E-Mail Address

Web Site Address (if applicable)

**(\*) If permission is granted, person/organization in whose name permission is to be issued**

Individual named above     Organization named above

Other:

## 2. INFORMATION ON THE APPLICANT'S WORK

### (\* Purpose

Reproduction     Adaptation     Revision

Translation (specify the language of your work)

(\* **N.B.** If the Health Canada's material has been adapted or revised, copies of your adapted/revised work and Health Canada's material must be included with your request.

### (\* Format(s) in which your work will be produced

Paper     Internet     CD-ROM     Video/Film  
 Audio     Diskette     DVD     Other \_\_\_\_\_

### (\* Number of copies to be printed / produced

OR

**Specific URL(s) for Web page(s)  
where your work will be published**

### (\* End Use

Commercial     Non-Commercial     Educational     Free Distribution

Advertising/Promotion     Other (please specify)

### (\* Commercial sale price OR Price for works produced on a cost-recovery basis

### (\* Territory where your work will be distributed

Canada     World-wide     Other (please specify) \_\_\_\_\_

## 3. RESPONSE

I would appreciate receiving a response by:

Month / Day / Year

## 4. OTHER

Have you previously received approval to use the same material(s)?

Yes     No

If yes, previous approval date. (if available)

**5. INFORMATION ON HEALTH CANADA'S WORK**

(\*) Title

Year / Date of publication \_\_\_\_\_

(\*) Format of Source Material

- Paper       Internet       CD-ROM       Video/Film  
 Diskette       Audio tape       DVD  
 Other (please specify) \_\_\_\_\_

(\*) Reference Numbers

(ISBN, ISSN, Catalogue/Publication Number)

OR

(\*) Exact URL where source material is published

(\*) Precise description of material to be used

Volume/  
Issue

  N/A

Page No(s)

  All  N/A

Table No./  
Figure No.

  N/A

Image/  
Photo No./  
Description

  N/A

Additional Information (If you need more space, please attach a separate sheet.)

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**6. APPLICANT'S REFERENCE NO.**

(If you wish to assign one)

Please address all correspondence to:

**Stephan Banville**  
Publishing Administrative Officer  
Marketing and Creative Services  
3rd Floor, Jeanne Mance Building, A/L 1903D  
Ottawa ON K1A 0K9

Telephone: (613) 957-2970    Facsimile: (613) 957-1395    E-Mail: [Pubsadmin@hc-sc.gc.ca](mailto:Pubsadmin@hc-sc.gc.ca)