

### FORM A: REQUEST FOR INFORMATION APPLICATION

1. Document Title **INTEGRATED ELECTRONIC SECURITY SYSTEM**

2. Respondent

\_\_\_\_\_  
Name of Respondent

\_\_\_\_\_  
Usual Business Name of Respondent as it appears on Invoice (if different from above)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City Province Postal Code

(Mailing address if different)

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City Province Postal Code

The Respondent is:

(Choose one)

- a sole proprietor
- a partnership
- a corporation

carrying on business under the above name.

3. Contact Person

The Respondent hereby authorizes the following contact person to represent the Respondent for purposes of the Information Submission.

\_\_\_\_\_  
Contact Person Title

\_\_\_\_\_  
Telephone Number Facsimile Number

4. Addenda

The Respondent certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Submission:

No.	_____	Dated	_____
	_____		_____
	_____		_____

5.

Signature of Respondent or  
Respondent's Authorized Official or Officials

---

(Print here name and official capacity of individual whose signature appears above)

---

(Print here name and official capacity of individual whose signature appears above)