

FORM A: REQUEST FOR INFORMATION APPLICATION

1. Document Title REQUEST FOR INFORMATION FOR THE PROJECT 25 LAND
MOBILE RADIO 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

GST Registration Number (if applicable)

The Respondent is:

(Choose one)

<input type="checkbox"/>	a sole proprietor
<input type="checkbox"/>	a partnership
<input type="checkbox"/>	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 Request for 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. Signatures

The Respondent or the Respondent's authorized official or officials have signed this

_____ day of _____, 20_____ .

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)