FORM A: REQUEST FOR INFORMATION APPLICATION

1.	Document little		A STATION FOR PROVISION, A STATION ALERTING SYST AMEDIC SERVICES	
2.	Respondent			
		Name of Respondent		
		Usual Business Name of Res	spondent (if different from above)	
		Street		
		City	Province	Postal Code
		Email Address of Responder	ıt	
		Facsimile Number		
	(Mailing address if different)	Street or P.O. Box		
		City	Province	Postal Code
		GST Registration Number (if	applicable)	
	(Choose one)	The Respondent is:		
	,	a sole proprietor		
		a partnership		
		a corporation		
		carrying on business ur	nder 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	Email Address	

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 Information Submission:			
		No Dated			
5.	Indigenous Self- Declaration	The Respondent hereby declares the business is at least 51% owned by one or more Indigenous persons of Canada.			
		YES			
6.	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 in	ndividual whose signature appears above)		
		(Print here name and official capacity of in	ndividual whose signature appears above)		