



Application for Copyright Clearance of Government of Canada Works

Privacy Statement

The personal information collected is to be used to respond to your request for copyright clearance on Government of Canada works. Provision of the information requested on this form is voluntary. An incomplete form may result in the rejection of your request or a time delay in processing your request.

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

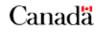
| 1. APPLICANT INFORMATION |
|--------------------------------------------------------------------------------------------|
| (*) Complete Name: Title (Mr., Mrs., Ms.), First Name and Last Name |
| |
| |
| Organization |
| |
| |
| (*) Type of Organization |
| |
| |
| (*) Postal Address |
| |
| |
| (*) City/Town (*) Province/State (*) Postal/Zip Code (*) Country |
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| |
| (*) Telephone Number Facsimile Number E-Mail Address |
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| Web Site Address |
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| |
| (*) If permission is granted, person/organization in whose name permission is to be issued |
| |
| Individual named above Organization named above Other (Specify below) |
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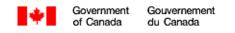
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| 2. INFORMATION ON THE APPLICANT'S WORK | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| (*) Purpose | | | |
| Reproduction Adaptation Revision | | | |
| Translation (Specify languages of your work below) | | | |
| | | | |
| N.B. If the Department of Justice Canada material has been adapted or revised, copies of your adapted/revised work <u>and</u> the Department of Justice Canada material must be included with your request. | | | |
| (*) Title of your work | | | |
| | | | |
| (*) Format(s) in which your work will be produced | | | |
| Audio CD Audiocassette Braille CD-ROM DVD Electronic / Internet Large Print Map Paper | | | |
| (*) End Use | | | |
| Commercial Non-commercial Cost-recovery Promotional | | | |
| (*) Sale or Cost-recovery Price | | | |
| | | | |
| (*) Number of Copies to be printed/produced | | | |
| | | | |
| OR | | | |
| (*) URL(s) for Web page(s) where the work will be published | | | |
| | | | |
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| 3. INFORMATION ON THE GOVERNMENT OF CANADA W | /ORK |
|-------------------------------------------------------------|----------------------------------------------|
| (*)Title of Crown Work | |
| | |
| | |
| Year / Date of Publication | |
| YYYY | |
| (*) Format of Source Material | |
| Audio CD Audiocassette | Braille CD-ROM |
| Diskette DVD | Electronic / Internet Large Print |
| Map Microfiche | Paper Videocassette |
| (*) Reference Numbers (ISBN, ISSN, Catalogue / Publicatio | n Number) |
| | |
| OR | |
| (*) Exact URL where source material is published | |
| | |
| (*) Precise description of material to be used | |
| Database Figure | Footage Illustration |
| | Photo Table |
| Text Whole Work | Other (Specify additional information below) |
| Volume / Issue | Page No(s) |
| | |
| | |
| Table / Figure No. | Image / Photo No. / Description |
| | |
| Additional Information (If you require more space, please a | ttach a separate sheet) |
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| 4. ADDITIONAL INFORMATION |
|--------------------------------------------------------------------|
| Applicant Reference Number (If you wish to assign one) |
| |
| I would appreciate a response by |
| yyyy/mm/dd |
| |
| Have you previously received approval to use the same material(s)? |
| Yes No |
| If yes, previous Crown Copyright File No. |
| |
| |

Please address all correspondence to:

Department of Justice Canada Communications Branch Copyright administrator 284 Wellington Street Ottawa, Ontario K1A 0H8

Facsimile: (613) 948-2983 | Email: webadmin@justice.gc.ca