**Canadian Representative Letter of Attestation**

(Multiple Certifications or Registrations Letter)

**Canadian Representative**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name: | | | | |  | |
| Contact Name: | | |  | | | |
| Company Address: | | | | | |  |
| Telephone No.: | | | |  | | |
| Fax No.: | |  | | | | |
| Email: |  | | | | | |

**To: Innovation, Science and Economic Development Canada**

3701 Carling Avenue (Building 94)

P.O. Box 11490, Station H

Ottawa, Ontario K2H 8S2

**Attention: Certification and Engineering Bureau**

This letter is to confirm that we have accepted the responsibility to act as Canadian Representative on behalf of the Applicant noted below for all future certifications/registrations obtained during the period of this agreement which ends at the specified date below (if applicable). As Canadian Representative, we are aware of the requirements involved as outlined in Innovation, Science and Economic Development Canada applicable documents (RSP-100, Section 4.1 and/or DC-01, Section 6).

**Applicant**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name: | | | | |  | |
| Contact Name: | | |  | | | |
| Company Address: | | | | | |  |
| Telephone No.: | | | |  | | |
| Fax No.: | |  | | | | |
| Email: |  | | | | | |

This Agreement is valid until (expiry date):

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name of the Canadian Representative

Date

**Canadian Representative Letter of Attestation**

(Single Certification or Registration Letter)

**Canadian Representative**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name: | | | | |  | |
| Contact Name: | | |  | | | |
| Company Address: | | | | | |  |
| Telephone No.: | | | |  | | |
| Fax No.: | |  | | | | |
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**Applicant**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name: | | | | |  | |
| Contact Name: | | |  | | | |
| Company Address: | | | | | |  |
| Telephone No.: | | | |  | | |
| Fax No.: | |  | | | | |
| Email: |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Certification/Registration Number: | | | CN-UPN |
| PMN: |  | | |
| HVIN: | |  | |

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name of the Canadian Representative

Date