



Application for Copyright Clearance of Canada Border Services Agency Material

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For assistance in completing an application for copyright clearance, please contact the CBSA's Marketing and Creative Services Team:

marketing@cbsa-asfc.gc.ca
 191 Laurier Avenue West, 9th Floor
 Ottawa, Ontario K1A 0L8
 Canada

Please note that this form applies to Canada Border Services Agency material only, and that all fields marked by an asterisk (*) must be completed.

Applicant Information			
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
*First Name		*Last Name	
*Type of Organization (Individual, business, charity, etc.)		*Organization	
*Postal Address			
*City/Town	*Province/State	*Postal/Zip Code	*Country
*Telephone number	Facsimile number	*Email address	
Website address			
*If permission is granted, person/organization in whose name permission is to be issued <input type="checkbox"/> Individual named above <input type="checkbox"/> Organization named above <input type="checkbox"/> Other (please specify) _____			
Information on the CBSA Material, for which Copyright is being Requested			
*Title of CBSA material			Year/Date of Publication
*Format of Source Material			
<input type="checkbox"/> Audio CD	<input type="checkbox"/> Audiocassette	<input type="checkbox"/> Braille	<input type="checkbox"/> Smart phone app
<input type="checkbox"/> CD-ROM	<input type="checkbox"/> Diskette	<input type="checkbox"/> DVD	<input type="checkbox"/> Paper
<input type="checkbox"/> Electronic / Internet	<input type="checkbox"/> Large Print	<input type="checkbox"/> Map	<input type="checkbox"/> Videocassette
<input type="checkbox"/> Other (please specify) _____			
*Reference numbers (ISBN, ISSN, Catalogue / Publication Number): OR * Exact URL where source material is published			
Precise description of the material being requested, in whole or in part			
<input type="checkbox"/> Database	<input type="checkbox"/> Figure	<input type="checkbox"/> Footage	<input type="checkbox"/> Logo
<input type="checkbox"/> Map	<input type="checkbox"/> Photo	<input type="checkbox"/> Text	<input type="checkbox"/> Whole material
<input type="checkbox"/> Other (please specify) _____			
Volume / Issue		Page No(s)	Table / Figure No
Image / Photo No. / Description		Other	
*How you received/found the material (i.e. Access to Information and Privacy [ATIP])			

Information on the Applicant's Material

*Purpose
 Reproduction Adaptation Revision
 Translation (*specify languages of your material) _____

Will the material be revised or altered in any way? If the CBSA's material has been adapted or revised, copies of your adapted/revised material and the CBSA's material **must** be included with your request.

*Briefly describe the proposed use

*Title of which the CBSA material will be published under

*Format(s) in which your material will be produced
 Audio CD Audiocassette Braille Smart phone app
 CD-ROM Diskette DVD Paper
 Electronic / Internet Large Print Map Videocassette
 Other (please specify) _____

*End Use
 Commercial (i.e. sale) Non-commercial Cost-recovery Promotional

*Sale or cost-recovery price. Include sales annually or the price per unit

*Number of Copies to be printed/produced

URL(s) for Web page(s) where the material will be published

Additional Information