

**Appendix 1 - Application to Register in the EAB Approved Facility Compliance Program**

**PART A – APPLICANT/PERMIT HOLDER INFORMATION**

Facility name & address :		
Location of the receiving facility:		
Contact name / Certification Manager :		
Telephone(s) :	e-mail :	Fax :
Anticipated sources (counties and states/provinces from which the ash may be sourced):		

**PART B – FACILITY CONSENT**

The facility must agree to permit the inclusion of its name on the public List of EABAFCP Approved Facilities, which will be posted on the CFIA website.

Signature: \_\_\_\_\_

**PART C – DECLARATION**

<p>I, _____ the owner/ authorized signatory of the above named facility have read and understood all the conditions and obligations stated herein and have read and hereby agree to comply with the requirements of the EAB Approved Facility Compliance Program.</p> <p>Further, I am and shall be responsible for and shall indemnify and save harmless and defend at its own costs Her Majesty the Queen in right of Canada, including the CFIA and its employees and agents, Her Heirs, Successors and Assigns from and against all claims, demands, losses, damages, costs, including solicitor and own-client costs, expenses, actions suits or other proceedings whatsoever, brought or prosecuted in any manner which heretofore or hereafter may be made by whomever; however and whenever caused by, arising out of, attributed to or with respect to any failure, inadvertent or otherwise, by act or omission, to fully comply with the said conditions and requirements.</p>	
Name and title of Certification Manager:	
Signature :	Date :

**PART C – APPROVAL [TO BE COMPLETED BY CFIA]**

Approved as :	<input type="checkbox"/> Sawmill	<input type="checkbox"/> Firewood Producer (domestic only)
	<input type="checkbox"/> Disposal	<input type="checkbox"/> Other :
Comments :		
Names of Auditors:		
Manual Approval		
Signatures:		Date:
Evaluation Audit Approval		
Signatures:		Date:
Final Approval		
Name of CFIA RPO (responsible for EABAFCP):		
Signature:		Date:
Name CFIA Area Program Specialist (responsible for EABAFCP):		
Signature:		Date:
EABAFCP registration number:		