

# Application for Recognition as a Heat Treatment Evaluator by the CFIA

Section 1: Applicant Information		
Legal Name (HT Evaluator)	Address	
City	Province	Postal Code
Telephone Number	Email	
Primary Contact	Secondary Contact	
Section 2: Operating Manual		
The applicant has provided an Operating Manual outlining how sections 2.1 and 2.2 are met.		
	Applicant Confirmation	CFIA Verified
Organizational Requirements	<input type="checkbox"/>	<input type="checkbox"/>
Program Criteria	<input type="checkbox"/>	<input type="checkbox"/>
Section 3: Signature		
<p>The applicant warrants and represents that all information provided by the applicant to the CFIA is true, complete and accurate to the best of the knowledge of the undersigned.</p> <p>I, _____ the authorized representative of the above named Heat Treatment Evaluator have read, understood and agree to all the terms and conditions stated herein.</p> <p>The Applicant is responsible for and shall indemnify and save harmless and defend at its own costs Her Majesty in right of Canada, including the CFIA, Her Successors and Assigns, employees, officials, agents and contractors 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 limitation, omissions and misrepresentations, of the Applicant, its employees, officials, agents, or contractors; whether by reason of negligence or otherwise, in the participation by the Applicant, its employees, officials, agents or contractors, in the HT Program or any activity undertaken or purported to be undertaken under the authority or pursuant to the terms and conditions of this application or the HT Program.</p> <p>_____</p>		

Signature of Representative	Heat Treatment Evaluator	Date
Section 4: Recognition (For CFIA use only)		
<input type="checkbox"/> Procedures Approved	<input type="checkbox"/> HT Evaluator Recognized	
_____ Signature of CFIA Representative	_____ Date	
Contact:  Email to: forestry-foresterie@inspection.gc.ca		