

## Appendix 4: Application for the shipborne dunnage program

Name of the facility : \_\_\_\_\_

Address : \_\_\_\_\_

Contact person : \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, the owner/person in possession, care or control of the above named facility, apply to the shipborne dunnage program as detailed in D-98-08 to be recognized as a:

- designated terminal: location and identification of terminal(s) \_\_\_\_\_  
\_\_\_\_\_
- designated transport company
- designated processing or disposal facility

By submitting and signing this application form, I hereby accept the facility to be added on any publically available lists of designated facilities, including CFIA's web page.

\_\_\_\_\_  
Name of the contact person

\_\_\_\_\_  
Signature and date

(To be completed by the CFIA)

- The facility has submitted a Preventive Control Plan (PCP) that has been approved by the CFIA.
- The facility has been inspected by the CFIA and is in good standing with the shipborne dunnage program.
- The facility can be considered as a designated facility as mentioned above and can be added to the corresponding official list.

\_\_\_\_\_  
Name of the CFIA regional program officer

\_\_\_\_\_  
Signature and date