



FOREIGN MANUFACTURER REGISTRATION FORM

IMPORTANT NOTE: This form must be completed by the foreign manufacturer.

Name of company interested in selling vehicles to Canada	Date (yyyy-mm-dd)
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COMPANY ADDRESS

Street	
City	State
Zip or Postal Code	Country
Telephone number (include area code)	Fax number (include area code)
E-mail	website

If applicable, please list on separate sheet any additional address(es), where this company will be manufacturing Canadian specification vehicles. This list should also include a contact person and phone number.

List attached. Number of pages: _____

This company intends to export the following vehicles to Canada:

Vehicle Information			Estimated annual volume (Units per year)
Class of vehicle	Make	Model	

Note: For the class of vehicle, please refer to Schedule III of the Motor Vehicle Safety Regulations.

CONTACT PERSON RESPONSIBLE FOR CANADIAN COMPLIANCE

Name (Please print) Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Telephone number (include area code)
Title (please print)	Fax number (include area code)
Signature	E-mail

1. It is imperative that the contact person listed above be involved with the engineering and design of the vehicles to be exported to Canada and be aware of the applicable Motor Vehicle Safety Regulations and Canada Motor Vehicle Safety Standards (CMVSS) as prescribed by the Motor Vehicle Safety Act (Canada). Transport Canada may contact the compliance contact person in the future.



LIST OF CANADIAN AUTHORIZED IMPORTERS

Please supply a list of your Canadian dealers names, addresses and telephone numbers on this form or on a separate page:

Canadian Importer(s) Address(es):	Canadian importer(s) contact information:
Dealer Name: _____ Street: _____ City: _____ Province: _____ Postal Code: _____	Contact: _____ Tel: _____ Fax: _____ E-mail: _____
Dealer Name: _____ Street: _____ City: _____ Province: _____ Postal Code: _____	Contact: _____ Tel: _____ Fax: _____ E-mail: _____
Dealer Name: _____ Street: _____ City: _____ Province: _____ Postal Code: _____	Contact: _____ Tel: _____ Fax: _____ E-mail: _____