



Crown Copyright File No.: \_\_\_\_\_

## Application for Copyright Clearance of NSERC's Works

### Privacy Statement

Provision of the information requested on this form will be used to respond to your request for copyright clearance on Government of Canada works. The Natural Sciences and Engineering Research Council of Canada (NSERC) may share this information with other government departments if your inquiry relates to these departments. An incomplete form may result in the rejection of your request or a time delay in processing your request. The personal information will be maintained in NSERC's Personal Information Bank, number 904, and it will be protected, used and disclosed in accordance with the Privacy Act. Under this Act, you have the right to access your personal information and request changes to incorrect information. The information will be retained by NSERC indefinitely until the retention and disposal schedule is determined and then disposed accordingly.

For assistance in completing this form, contact us at the coordinates shown on the last page of this form. Note that this form applies to **NSERC's works only**, and that **all fields marked by an asterisk (\*) must be completed**.

### 1. APPLICANT INFORMATION

(\*) **Complete Name:** Title (Mr., Mrs., Ms.), First Name and Last Name

**Organization**

(\*) **Type of Organization**

(\*) **Postal Address**

(\*) **City/Town**

(\*) **Province/State**

(\*) **Postal/Zip Code**

(\*) **Country**

(\*) **Telephone Number**

**Facsimile Number**

**E-Mail Address**

**Web Site Address**

(\*) **If permission is granted, person/organization in whose name permission is to be issued**

Individual named above

Organization named above

Other (Specify below)



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**2. INFORMATION ON THE APPLICANT'S WORK**

**(\*) Purpose**

- Reproduction       Adaptation       Revision
- Translation (Specify languages of your work below)

**N.B.** If the [DEPARTMENT NAME] material has been adapted or revised, copies of your adapted/revised work and the [DEPARTMENT NAME] material must be included with your request.

**(\*) Title of your work**

**(\*) Format(s) in which your work will be produced**

- |                                   |                                        |                                                |                                        |
|-----------------------------------|----------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Audio CD | <input type="checkbox"/> Audiocassette | <input type="checkbox"/> Braille               | <input type="checkbox"/> CD-ROM        |
| <input type="checkbox"/> Diskette | <input type="checkbox"/> DVD           | <input type="checkbox"/> Electronic / Internet | <input type="checkbox"/> Large Print   |
| <input type="checkbox"/> Map      | <input type="checkbox"/> Microfiche    | <input type="checkbox"/> Paper                 | <input type="checkbox"/> Videocassette |

**(\*) End Use**

- Commercial       Non-commercial       Cost-recovery       Promotional

**(\*) Sale or Cost-recovery Price**

**(\*) Number of Copies to be printed/produced**

**OR**

**(\*) URL(s) for Web page(s) where the work will be published**



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3. INFORMATION ON THE GOVERNMENT OF CANADA WORK

(\*Title of Crown Work

[Empty text box for Title of Crown Work]

Year / Date of Publication

[Empty text box for Year / Date of Publication]

YYYY

(\* Format of Source Material

Audio CD

Audiocassette

Braille

CD-ROM

Diskette

DVD

Electronic / Internet

Large Print

Map

Microfiche

Paper

Videocassette

(\* Reference Numbers (ISBN, ISSN, Catalogue / Publication Number)

[Empty text box for Reference Numbers]

OR

(\* Exact URL where source material is published

[Empty text box for Exact URL]

(\* Precise description of material to be used

Database

Figure

Footage

Illustration

Logo

Map

Photo

Table

Text

Whole Work

Other (Specify additional information below)

Volume / Issue

[Empty text box for Volume / Issue]

Page No(s)

[Empty text box for Page No(s)]

Table / Figure No.

[Empty text box for Table / Figure No.]

Image / Photo No. / Description

[Empty text box for Image / Photo No. / Description]

Additional Information (If you require more space, please attach a separate sheet)

[Large empty text box for Additional Information]



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**4. ADDITIONAL INFORMATION**

**Applicant Reference Number (If you wish to assign one)**

**I would appreciate a response by**

yyyy/mm/dd

**Have you previously received approval to use the same material(s)?**

Yes

No

**If yes, previous Crown Copyright File No.**

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**Address all correspondence to:**

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