

Company / Organization: _____

If a government organization, please check level: Federal Provincial Municipal

Signing Officer Information

First Name: _____	Last Name: _____
Business Title: _____	Email: _____
Address: _____	Apt./Box/Suite#: _____
City: _____	Province / State: _____
Postal Code / Zip: _____	Country: _____
Phone: _____	Fax: _____

Signing Officer Challenge Question

Challenge Question: _____

Response: _____

Security Representative Information

First Name: _____	Last Name: _____
Phone: _____	Email: _____

Security Representative Challenge Question

Challenge Question: _____

Response: _____

I certify that the information I have provided is true and correct.

Signature of Signing Officer	Date
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I certify that the information I have provided is true and correct. I authorize those named above to act as the Security Representative for this Organization for businesses with the Province of Manitoba, Business Services.

Signature of Security Representative	Date
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**Return Application to: Inspection Technical Services
 508-401 York Avenue, Winnipeg Manitoba R3C 0P8**

For IBM Purposes Only

Processed by: _____	Date: _____
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For OGP Purposes Only

Processed By: _____	Date: _____
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