|  |  |  |  |
| --- | --- | --- | --- |
| **Company Information** | | | |
| **Legal Company Name:**  **Operating Name:**  **Address:** |  | **CRA Business #:**  **# of Employees:**  **Phone #:** |  |
| **Company Contact Name:**  **Contact Email:** |  | | |

**Project Information**

**Project Title:**

h

**Request Description and Impact on Company:**

V

**Estimated Project Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The parties agree that the contents of this form will be kept confidential but the company acknowledges that the information contained herein may be used and disclosed internally as necessary to locate the appropriate researcher(s) to assist the company with the identified issue(s), or disclosed as required by NRC-IRAP or by law.

If you deem the information provided on this form is business confidential, please submit to the service provider via fax other than email or email attachment.

Signature of Authorized Company Representative Date

Print Name: