



Registry of Firewood Vendor in Nova Scotia

Application to Join the Registry

Business Name: _____

Operating Name: _____
(If applicable)

Contact Person: _____

Position Held: _____

Business Address: _____

Business Tel. Number: _____

Business Fax Number: _____

Agreement to operate by the Code of Ethics

I, _____, hereby agree, on behalf of
_____,
Operating name, if applicable

operating under the name and style of
_____,
Business name

to sell firewood according to the Code of Ethics of the Registry of Firewood Vendors in Nova Scotia.

I have reviewed the content of the Code and understand its content.

Signature

Date

Mail to:
Measurement Canada - Atlantic District
50 Brown Avenue
Dartmouth, Nova Scotia B3B 1X8
Telephone: 902-426-3831
Email: Atlantic-DistrictOffice@ic.gc.ca