

REQUEST FOR PERMISSION TO USE TRADEMARK

To: **St. John Ambulance**
Attention: Client Services
400-1900 City Park Drive, Ottawa, Ontario K1J 1A3
Telephone: 613/236-7461; Facsimile: 613/236-2425; E-mail: ljohnson@nhq.sja.ca

From: Name: _____ **Title:** _____

Organization: _____

Address: _____

Phone/Fax/E-mail: _____

hereby requests permission to use the following trademark:

Briefly describe how the trademark will be used (**please submit a mock-up with this form**)

This trademark is to appear in the approved format on the following publications/products and complies with the standards specified in the St. John Ambulance Corporate Graphic Standards Manual:

Publication Title/Product:

Publisher/Manufacturing Company:

Date of Production: _____ Suggested Price: _____

To be circulated/sold: _____

(countries, special markets, etc.)

The undersigned agrees to:

Submit one copy of the work upon publication/production to St. John Ambulance, Attention: Product Development & Promotion.

This permission covers only the use specified above. This permission does not allow the use of the trademark in any edition or any other product than specified above.

(Signed) _____

Date: _____

APPROVAL OF REQUEST

The foregoing application is hereby approved, subject to the conditions stated above:

Approved: The Priory of Canada of the Most Venerable Order of the Hospital of St. John of Jerusalem

Date of Approval: _____

Les Johnson
Director, Client Services

