

**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

