



**SUN PROTECTION EVALUATION PROGRAM
LOGO AND STATEMENT USE LICENCE AGREEMENT APPLICATION (FORM 2)**

THIS APPLICATION HAS BEEN SUBMITTED BY THE APPLICANT TO THE CDA IN ACCORDANCE WITH THE CDA SUN PROTECTION EVALUATION PROGRAM GUIDELINES AND REQUIREMENTS FOR APPLICATION FOR CONSENT TO USE THE CANADIAN DERMATOLOGY ASSOCIATION LOGO AND ASSOCIATED STATEMENTS. IT IS UNDERSTOOD THAT THE FOLLOWING INFORMATION ACCOMPANYING THIS APPLICATION OR DISCLOSED IN THE COURSE OF ANY EXAMINATION WILL BE KEPT CONFIDENTIAL BY THE CANADIAN DERMATOLOGY ASSOCIATION ¹ (CDA).

PLEASE ALLOW UP TO FOUR WEEKS FOR THIS APPLICATION TO BE PROCESSED.

PART 1

A. PRODUCT INFORMATION

Type of product	<input type="checkbox"/> Primary ² sunburn protectant <input type="checkbox"/> Secondary ³ sunburn protectant
English Brand name in Canada	
French Brand name in Canada	
Brand name in other countries	

B. HEALTH CANADA PRODUCT IDENTIFICATION NUMBER

Drug Identification Number (DIN)	
Natural Product Number (NPN)	
Issued to (<i>full name of company</i>)	

C. APPLICANT INFORMATION – Brand Owner

Company name (<i>full name</i>)			
Address			
City/Town		Province/State	
Country		Postal/ZIP Code	

¹ Information submitted shall not be considered to be Confidential Information and CDA is not bound to maintain same confidential if such information: (a) is or becomes publicly available or otherwise ceases to be secret or confidential, except as through a breach of this provision; (b) is already in the possession of CDA at the time of receiving same without obligations of confidence by CDA; (c) is received by CDA from a third party without restriction on its disclosure or use; or (d) is required to be disclosed by Law.

² Primary sunburn protectant: products that are intended primarily to provide protection against sunburn.

³ Secondary sunburn protectant: products that are intended to be applied to the face or skin as makeup or skincare products (such as moisturizers) which also contain sunburn protectant components.

D. APPLICANT INFORMATION – Private Label Manufacturer, if applicableCompany name (*full name*)

Address

City/Town

Province/State

Country

Postal/ZIP Code

E. CONTACT PERSON INFORMATIONFor **Brand Owner** – Name and title

Telephone number

Fax number

Email address

For **Private Label Manufacturer** – Name and title

Telephone number

Fax number

Email address

For application inquiries

- Brand owner
 Private label manufacturer

For other related inquiries

- Brand owner
 Private label manufacturer

F. CANADIAN IMPORTER – If the product is manufactured outside of CanadaCompany name (*full name*)

Address

City/Town

Province/State

Country

Postal/ZIP Code

PART 2

Supporting documents requested in this part are to be attached to the application.

Schedule A

Provide information on the product's formulation (form provided).

Schedule B

Provide test results from certified independent laboratory or laboratories to prove the product's SPF number and its non-comedogenicity, non-irritancy and hypo-allergenicity. Append a list of all relevant certifications under which each individual laboratory operates.

Schedule C

Provide additional test results from certified independent laboratory or laboratories to support any additional claims to be made about the product, e.g. water resistant or very water resistant. Append a list of all relevant certifications under which each individual laboratory operates.

Schedule D

Provide a copy of Health Canada's (1) Drug Establishment Licence or Natural Product Site Licence, and (2) DIN or NPN notification.

Schedule E

Provide a list of the standards complied with in the manufacture of the product and objective evidence that the product is safe and effective.

PART 3

The following referenced material can be attached as Schedule F.

PRODUCT LABELLING AND ADVERTISING

Proposed Canadian labels attached

Proposed packaging attached not applicable

Proposed package insert attached not applicable

Cautions and warnings (*e.g. flammability*):

Draft of marketing material attached not applicable

I, THE UNDERSIGNED HAVING READ THE SUN PROTECTION EVALUATION PROGRAM GUIDELINES, CONFIRM COMPLIANCE WITH SAME AND CERTIFY THAT:

- THE INFORMATION, DATA AND MATERIAL INCLUDED WITH OR WHICH MAY BE SUPPLIED AS PART OF THE REVIEW OF THIS APPLICATION IS AND WILL BE ACCURATE AND COMPLETE AND WHERE SUMMARIZED, CORRECTLY REPRESENTS THE INFORMATION, DATA AND MATERIAL TO WHICH IT REFERS;
- THE APPLICANT HAS THE SOLE RIGHT TO MANUFACTURE, OR CAUSE TO BE MANUFACTURED THE PRODUCT, UNDER ITS DIRECT CONTROL AND HAS THE EXCLUSIVE RIGHT TO MARKET THE PRODUCT IN CANADA; AND
- THE PRODUCT, THE SUBJECT OF THIS APPLICATION, INCLUDING THE LABELLING, INSERTS AND ADVERTISING AND MARKETING MATERIALS COMPLIES WITH ALL APPLICABLE CANADIAN LEGISLATION AND REGULATIONS.

I, ENCLOSE A CHEQUE IN THE AMOUNT OF \$1,000.00 PLUS HST PAYABLE TO THE CANADIAN DERMATOLOGY ASSOCIATION TO COVER THE COST OF ASSESSING THIS APPLICATION.

Name and title of authorized signing official			
Signature			
Date			
Telephone number		Fax number	
Email address			

