Canada Customs
and Revenue Agency

AUTHORIZING OR CANCELLING A REPRESENTATIVE

Complete this form to authorize the Canada Customs and Revenue Agency (CCRA) to deal with another person (such as your spouse, other family
To cancel one or more existing authorizations, you can either complete this form or call the CCRA at 1-800-959-8281.

Part 1 - Client Information

Name (if an individual, first name and last name)

Daytime telephone number ( )

Mailing Address:

City

Prov./Terr

Postal Code

Complete the one that applies:

Individuals — Social insurance number

Trusts — Trust account number T

T5s — Filer identification number H A

Part 2 - Authorizing a representative

Name of representative (If an individual, first name and last name. If a firm, name of firm)

If you indicated a firm, and you want a specific individual in the firm to represent you, give his or her first name, last name, and title.
Note: If you do not identify a specific individual in the firm, you are authorizing the CCRA to deal with anyone from that firm.

Daytime telephone number	Fax number
403-298-5800 Ext.	403-296-2988

Tax year or years that apply to this authorization (check the box that applies)

☐ all tax years, including all previous and future tax years

or

☐ specific tax year or years
(enter no more than 6 years)

Trusts: For trust year-ends that are not December 31, also specify the month and day of the fiscal year-end:

Month Day

and date of wind up (if it applies)

Year Month Day

Part 3 - Cancelling one or more existing authorizations (choose ONE of the following)

☐ Check this box to cancel all existing authorizations

or

☐ Check this box to cancel all existing authorizations given to the representative(s) you listed below.
(If an individual, first name and last name. If a firm, name of firm, as well as the first name, last name, and title of any individual(s) in the firm that you have specified.)

Part 4 - Signature

By signing this form, you authorize the CCRA to deal with the representative identified in Part 2 according to the details provided; and cancel the existing authorization(s) indicated in Part 3.

Signature of individual or signature and title of authorized signing person

Date

This form will not be accepted unless it is signed