

## 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
<b>Complete the one that applies:</b>	Individuals	Trusts	T5s
	Social insurance number	Trust account number	Filer identification number
		T	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)	
<input type="checkbox"/> all tax years, including all previous and future tax years	
<b>or</b>	
<input type="checkbox"/> 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:
	and date of wind up (if it applies)
	Month    Day                      Year                      Month    Day

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

<input type="checkbox"/> Check this box to cancel all existing authorizations
<b>or</b>
<input type="checkbox"/> 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**