

International Fuel Tax Agreement (IFTA) Request to Change Carrier Information

Phone: (902) 424-2850 Fax: (902) 424-0602 Phone: 1(800) 565-2336 Toll Free Within Nova Scotia Email: ifta@novascotia.ca

Applicant/Carrier Information (Please print)	IFTA Accoun	t No.	
Carrier Name:	Phone #:		Ext #
Contact Name:	Fax #:		
	Email:		
New Business Name			
The business registered and formerly operated as:			
NS Registry Number:	(old business name)		
Will be conducted under the name:			
will be conducted under the name.	(new business name)		
Effective date:			
Name (Please print)	Title		
Authorized Signature	 Date		
Note: Changes to business name must be supported	d by the applicable docu	ımentation. Attach cop	ies to the request.
New CRA Business #			
	usiness #)		
Note: Changes to Canada Revenue Agency Busin Attach copies to the request.	ess Number must be	supported by the appl	icable documentation.
New Address			
Civic Address	Mailing Address		
(New civic address)		(New mailing address)	
New Contact			
Name	Phone #		Ext
(new contact name)		(new phone #)	
Title	Fax #		
Note: New contact must complete the Letter of Auth	nority Authorization form	(new fax #) for IFTA.	