



**Applicant/Carrier Information** (Please print)

Carrier Name:

Contact Name:

**IFTA Account No.**

Phone #:

Ext #

Fax #:

Email:

**New Business Name**

The business registered and formerly operated as:

(old business name)

NS Registry Number:

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 by the applicable documentation. Attach copies to the request.

**New CRA Business #**

(new business #)

**Note:** Changes to Canada Revenue Agency Business Number must be supported by the applicable documentation. Attach copies to the request.

**New Address**

Civic Address

Mailing Address

(New civic address)

(New mailing address)

**New Contact**

Name

Phone #

Ext

(new contact name)

(new phone #)

Title

Fax #

(new fax #)

**Note:** New contact must complete the Letter of Authority Authorization form for IFTA.