



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.