Authorization request – signature page

1. Have the taxpayer or legal representative sign and date this page.

2. Retain a copy of the signed and dated signature page in your files for six years from the date that this information is transmitted to the CRA. Do not send us the signature page by mail or fax unless requested to do so.

Taxpayer information

SIN:	_ First name:	Last name: _			
Representative i	nformation and authorization				
Rep ID:	_ First name:	. Last name: _			
Group ID:	_ Group name:				
Business number (BN)	Business name:				
Level of authorization (Level 1 or 2)		Telephone: _			
Expiry date, if applicable: _					
Signature inform	ation				
I am the legal represer	ntative for this taxpayer				
Name of taxpayer or legal representative			Signee's telephone number		
Certification					
By signing and dating this page with the representative(s) ment	e, you authorize the Canada Revenue Agency to interact tioned above.				
V		1	Year	Month	Day
X	_ L	Date of signature			
-				-	