



Authorization request – signature page

Taxpayer information

Social insurance number _____ First Name: _____ Last name: _____

Representative information

Rep ID _____ First Name: _____ Last name: _____

Group ID _____ Group name: _____

Business number (BN) _____ Business name: _____

Authorization information

Level of Authorization (Level 1 or 2) _____ Expiry date, if applicable: _____

Signature information

I am the legal representative for this taxpayer

Name of taxpayer or legal representative

Telephone number

Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with the representative(s) mentioned above.

Year Month Day

X _____
Signature of taxpayer or legal representative

Date of signature