



Service Nova Scotia
IFTA Unit
 PO Box 755
 Halifax, Nova Scotia B3J 2V4

International Fuel Tax Agreement (IFTA)
Letter of Authority
Authorization Form

Phone: 902-424-2850 Fax: 902-424-0602
 1-800-565-2336 Toll Free Within Nova Scotia

A Letter of Authority must be submitted if a Carrier intends to have any person or agent act on behalf of the Carrier or to represent the Carrier other than the Owner or Principal Officer or Director as listed with the Nova Scotia Registry of Joint Stocks. The Letter of Authority must be submitted annually with your IFTA licence renewal application.

Any requests for information, quarterly reports or decals made by an unauthorized representative will not be accepted.

Applicant/Carrier Information (Please print)

IFTA Account No. _____

Carrier Name _____ Phone # _____ Ext # _____
 Civic Address _____ Fax # _____
 (Civic Number and Street/Road/HWY) Email _____
 Mailing Address _____
 (PO Box or RR)
 City/Town _____ Province _____ Postal Code _____

Authorized Signing Officer for Carrier:

(Owner or Principal Officer or Director as listed with the Nova Scotia Registry of Joint Stocks)

Name _____ Date _____
 Signature _____ Phone # _____ Ext# _____
 Title _____ Email _____

I hereby authorize the undersigned person or agent to act on behalf of the Carrier or to represent the Carrier in the administration of my IFTA account. This includes submitting tax reports, placing decal requests, picking up decals and other documentation and serving as a representative for my account.

The carrier accepts and agrees to all terms and conditions associated with the issuance of an IFTA licence in the Carrier's name as requested by the authorized person or agent.

Should the Carrier wish to terminate the above permission, a letter requesting the termination must be sent to the IFTA Administrator. Termination of the permission will be as of the date of receipt of the letter.

Person or Agent Authorized to Act on Behalf of or to Represent Carrier

Name _____ Date _____
 Signature _____ Phone # _____ Ext# _____
 Title _____ Email _____
 (Provide employee's title or indicate if an agent)

Note: If authorization is required for more than one person or agent, complete a separate form for each person or agent.

For More Information on the IFTA Program

Website: gov.ns.ca/snsmr/access/business/tax-commission/
Call: 902-424-2850 or 1-800-565-2336 toll free in Nova Scotia