

NOTE: The purpose of this form is to authorize the release and/or submission of carrier information to a third party representative. This form must be completed jointly by a carrier representative AND by the person authorized. Carrier representative must be an owner, officer, manager, director and/or shareholder of the carrier, or person named on the vehicle registration.

Section 1 – Carrier Information

Carrier Name (Legal Name):	NSC Number:	MVID Number:
Name of Carrier Representative:	Position Title:	

Section 2 – Authorization to Release Information

Authority is hereby granted to the Carrier Services Section of Alberta Transportation to release carrier information to the person authorized, and/or allow information to be submitted on behalf of the carrier.

The person authorized must understand and comply with Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act*. The information may be confidential and/or contain personal information, and shall not be used by or disclosed to a person(s) for any purpose, unless that person(s) is also a person authorized by the carrier.

Carrier Profile
 Safety Fitness Certificate / Operating Authority Certificate
 Compliance Information (specify date of document(s)): _____

Name of Person Authorized:	Company of Person Authorized:
Business Address in Alberta:	
Phone Number:	Email:

Section 3 – Carrier Authorization

I, as the owner, officer, manager, director and/or shareholder of the carrier or person named on the vehicle registration, (as named in Section 1), understand and confirm:

- That the above named person shall be authorized to receive and/or submit carrier information as indicated in this form. The information may be released in electronic or hardcopy format, and/or verbally.
- That you, as the carrier representative and the above named person:
 - Shall comply with Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act*.
 - Shall understand that any expenses incurred to obtain the information will be the responsibility of the person authorized requesting the information.
 - Shall acknowledge that it is the carrier's responsibility to notify the Carrier Services Section of Alberta Transportation of any changes to the person authorized and/or content of the authorization form.

Section 3A – Authorization Term

I, as the owner, officer, manager, director and/or shareholder of the carrier or person named on the vehicle registration, (as named in Section 1), direct that the authorization for the named person in Section 2 will expire on the date indicated below, unless cancelled by the carrier in writing.

Expiry Date (Month, Day, Year): _____

Section 4 – Carrier Representative Authorization

By disclosing the information below, I certify that:

- I am an owner, officer, manager, director or shareholder of the carrier or person named on the vehicle registration, as identified in Section 1.
- I am responsible (on behalf of the carrier identified in Section 1) to provide authorization for the person named in Section 2 to receive and/or submit information as indicated in this form.
- The information provided is, to the best of my knowledge, true, accurate and complete.

Name of Carrier Representative:	Position:
Phone Number:	Email Address:
Signature:	Date:

Submit To: Alberta Transportation Carrier Services 401, 4920-51 Street Red Deer, AB T4N 6K8	Phone: 403-340-5444 (Toll Free in Alberta: 310-0000) Fax: 403-340-4806 Email: carrierservices.info@gov.ab.ca
--	--