

# Authorization request – signature page

Keep this Signature page for your records.  
Do not send a copy to the Canada Revenue Agency (CRA).

## Taxpayer information

SIN: \_\_\_\_\_ Given name: \_\_\_\_\_ Surname: \_\_\_\_\_

## Representative information

Group ID

GXXXXX

Group name:

CVITP/PCBMI

## Authorization information

Level of authorization: 1

Expiry date, if applicable: \_\_\_\_\_

## Signature information

I am the legal representative for this taxpayer

\_\_\_\_\_  
Name of taxpayer or legal representative

\_\_\_\_\_  
Signee's telephone number

## Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with the representative mentioned above. If you are a Québec resident, you authorize the CRA to share your taxpayer data with Revenu Québec for the purposes of using their Tax Data Download service.

X \_\_\_\_\_  
Signature of taxpayer or legal representative

Year Month Day

\_\_\_\_\_  
Date of signature