

IF THE COMPANY WISHES TO HAVE A THIRD PARTY AGENT COMMUNICATE ON THEIR BEHALF WITH THE CANADA BORDER SERVICES AGENCY, PLEASE HAVE AN <u>AUTHORIZED OFFICER</u> OF THE COMPANY <u>FULLY</u> <u>COMPLETE AND SIGN</u> THE CONSENT FORM BELOW:

Consent Statement

Date:									
yyyy / mm / dd To whom it may concern:									
We the undersigned, herby authorize							to act on our behalf in all		
manners relating to Advanced Con	nmercial Inform	ation (AC	CI) pr	ogram iı	ncluding a	iny carrier c	ode rela	ated issue	S.
Any and all acts carried out by						on o	ur beha	If shall hav	ve the same
effect as acts of our own.									
This authorization is valid from	2012	/	/		to	2013 /	/		
	уууу	/ mm	/	dd		уууу /	mm /	dd	
Sincerely,									

Signature and Title of Signing Authority for Company

Company Name

Name and <u>Title</u> of Agent	
Agent Company Name	
Agent Phone Number	
Agent Fax Number	
Agent Email Address	

