



This form is to be used when a Carrier wishes to authorize a Carrier Representative to converse with the National Safety Code (NSC) Program regarding NSC matters concerning the carrier and/or to authorize a Carrier Representative as signatory for NSC matters concerning the Carrier.

Carrier's Information (please print)

National Safety Code #: _____ Carrier: _____

Carrier Representative's Information (please print)

(Carrier Representative refers to the person to be authorized the Declarer to represent the Carrier on NSC matters.)

Name: _____ Title: _____

Phone: _____ Cell: _____

DL# & Jurisdiction: _____ Email: _____

Declarer's Information (please print)

(Declarer refers to a director listed on the Carrier's corporate registry company summary or the NSC holder.)

Name: _____ Title: _____

Phone: _____ Cell: _____

DL# & Jurisdiction: _____ Email: _____

Declaration of Carrier Representative Authorization

1) I authorize the Carrier Representative to converse with NSC regarding NSC matters concerning the Carrier.

Declarer Signature

2) I authorize the Carrier Representative as a signatory for NSC matters concerning the Carrier.

Declarer Signature

Signature: _____ Date: _____
(yyyy-mm-dd)

The personal information on this form is collected under the authority of the Motor Vehicle Act. The information collected will be used to administer the CVSE National Safety Code program. If you have any questions about the collection and use of this information, contact the CVSE National Safety Code program office at 250-952-0576 or visit our website.

Please sign, print, scan and send this completed form by email to: NSC@gov.bc.ca (preferred) or fax it to: 250-952-0578