



**AUTHORIZATION**

Pursuant to the *Insurance Premium Tax Act*

**General Inquiries: 250 953-3082**  
**Toll-free Enquiry BC: 1 800 663-7867**  
**Fax: 250 356-0434**

**Freedom of Information and Protection of Privacy Act (FOIPPA)**  
The personal information on this form is collected for the purpose of administering the *Insurance Premium Tax Act* under the authority of both this Act and section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.)  
**Email: [FOI.QRYS@gov.bc.ca](mailto:FOI.QRYS@gov.bc.ca)**

ACCOUNT NO.  
-

NAME OF TAXPAYER

**SECTION 1 – AUTHORIZATION**

This form authorizes the person or firm named in Section 2 to act as a representative of the taxpayer named above in matters pertaining to the *Insurance Premium Tax Act*.

|   |                               |
|---|-------------------------------|
| SIGNATURE OF AUTHORIZED SIGNING AUTHORITY<br><b>X</b> | TELEPHONE NO.<br>(      )     |
| RANK OF OFFICER (if applicable)                       | DATE SIGNED<br>YYYY / MM / DD |

**SECTION 2 – REPRESENTATIVE IDENTIFICATION**

|                        |                           |             |
|------------------------|---------------------------|-------------|
| NAME OF REPRESENTATIVE | TELEPHONE NO.<br>(      ) |             |
| NAME OF FIRM           |                           |             |
| ADDRESS                |                           |             |
| CITY                   | PROVINCE                  | POSTAL CODE |