



FORESTRY AUTHORIZATION OR CANCELLATION OF A REPRESENTATIVE

under the Forest Act, Forest and Range Practices Act, Range Act and Wildfire Act

INSTRUCTIONS

Complete this form to authorize or cancel a representative (such as a legal or financial representative).

An authorized representative can act on your behalf, by:

- requesting or changing account information
• directing payments within or outside the account
• directing credit invoices within or outside the program
• requesting refunds
• representing the company as a third party
• authorizing or cancelling representatives

GENERAL ENQUIRIES

Toll free: 1-877-405-4911 ext. 3

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering revenue services under the authority of section 26(c) of the FOIPPA.

PART 1 - CLIENT INFORMATION

FULL LEGAL NAME OF CLIENT (individual and business name) CLIENT NUMBER

MAILING ADDRESS (include street or PO box, city, province and postal code)

TELEPHONE NUMBER FAX NUMBER EMAIL ADDRESS

PART 2 - REPRESENTATIVE INFORMATION AND AUTHORIZATION

Complete this section to authorize the Ministry of Finance to communicate and exchange account information with this representative. If you would like to authorize more than one representative, list them on a separate page and attach it to this form.

FULL LEGAL NAME OF REPRESENTATIVE (individual and business name)

MAILING ADDRESS (include street or PO box, city, province and postal code)

TELEPHONE NUMBER FAX NUMBER EMAIL ADDRESS

PART 3 - CANCEL YOUR REPRESENTATIVE

Complete this section to cancel the authorization previously given to the Ministry of Finance to communicate and exchange account information. If you would like to cancel authorization for more than one representative, list them on a separate page and attach it to this form. Check (✓) one:

- [] CANCEL ALL EXISTING AUTHORIZATIONS [] CANCEL ALL EXISTING AUTHORIZATIONS GIVEN TO THE REPRESENTATIVE BELOW:

FULL LEGAL NAME OF REPRESENTATIVE TO CANCEL (individual and business name)

CLIENT/ACCOUNT NUMBER (list accounts or indicate ALL)

PART 4 – CERTIFICATION

This authorization is valid until it is cancelled.

I certify that I am an authorized signing authority. I authorize the Ministry of Finance to communicate and exchange information regarding my Forestry account.

FULL LEGAL NAME OF CLIENT

SIGNATURE OF CLIENT

TITLE

DATE SIGNED
YYYY / MM / DD

X

PART 5 – SUBMIT YOUR FORM

If you have been working with a specific Ministry of Finance employee, provide their name below.

NAME OF MINISTRY EMPLOYEE

Print, sign, scan (if sending by email) and submit your form using one of the following methods:

By mail: Ministry of Finance
PO Box 9990 Stn Prov Govt
Victoria BC V8W 9R7

By fax: 250-356-5604

By email: FORHVAP.FORREVBR@gov.bc.ca

In person: Visit your nearest ServiceBC Centre. Locations can be found at servicebc.gov.bc.ca/locations

If you email or fax this form, **do not** mail the original document. If you mail this form, keep a photocopy for your records.