



## Carrier Code Profile Change or Cancellation Request

Carrier / Freight Forwarder Information <small>(* mandatory fields)</small>		
<b>* Request Date</b>		
<b>* Carrier / Freight Forwarder Code</b>		
<b>* Legal Business / Entity Name</b>		
Complete All Relevant Sections for Amendment		
<b>Mailing Address</b>	Street Number and Name:	
	City:	Province/State:
	Country:	Postal/Zip Code:
<b>Office Address</b>	Street Number and Name:	
	City:	Province/State:
	Country:	Postal/Zip Code:
<b>First Authorized Contact</b>	Name:	
	Title:	
	Phone:	Cell:
	E-mail:	
<b>Second Authorized Contact</b>	Name:	
	Title:	
	Phone:	Cell:
	E-mail:	
<b>Third Party Agent <small>(if applicable)</small></b>  Remove Agent <input type="checkbox"/>	Name:	
	Title:	
	Phone:	Cell:
	E-mail:	
<b>Legal Business Name</b> <small>(include articles and/or certificate of amendment with your request; bonded carriers require an original signed and sealed Rider)</small>	New Legal Business / Entity Name	
	Canada Revenue Agency Business Number (mandatory for Canadian Companies)	
<b>Operating Name</b>	Doing Business As (DBA)	
Cancellation Request		
Cancel Carrier / Freight Forwarder Code <input type="checkbox"/>		
Authorization		
Name (please print)	Title **	Authorized Signature

\*\* (Title must be either a company official with Director-level status or higher, or an authorized contact currently on file)