



GOVERNMENT AT THE SPEED OF BUSINESS

SMP PERMISSION FORM

I THE UNDERSIGNED CARRIER

Carrier Information - Please Print			
Carrier Name:		Carrier Master #:	
Address:			
City / Town:		Province / State:	
Postal / Zip Code:		Country:	
Telephone:	()	Facsimile:	()
Email Address:			
Carrier Authority Print Name:		Carrier Authority Signature:	

HEREBY AUTHORIZE THE UNDERSIGNED COMPANY / AGENT

Company / Agent Information - Please Print			
Company / Agent		Carrier Master #:	
Address:			
City / Town:		Province / State:	
Postal / Zip Code:		Country:	
Telephone:	()	Facsimile:	()
Email Address:			

TO REQUEST SPECIAL MOVE PERMITS ARE ISSUED ON MY BEHALF.

The carrier accepts and agrees to all Terms and Conditions, and all policies and procedures herein incorporated, by reference, in the Special Move Permit Online Service Web Site and to all conditions and policies associated with the issuance of a permit in the carrier's name as requested by the company / agent.

Please Note: Should the carrier or company / agent wish to terminate the above permission, a letter requesting this termination must be sent to the Business Registration Unit. Termination of permission will be as of the date the correspondence is received in this office.

Service Nova Scotia and Municipal Relations
Business Registration Unit, Attn: SMP
FAX: (902) 424-4633 (or)
Maritime Centre 9 North, PO Box 15231505
Barrington Street, Halifax, NS, B3J 2Y3

Online Access: Should you wish to obtain a username please download the Username Request Form, complete and forward with this form.

