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## APPLICATION FOR AUTHORIZATION I.D.

FAX 1-888-269-5305 or (613) 951-6823

TELEPHONE 1-800-257-2434

Service Provider _____		
License No. _____	Authorization ID _____	
Telephone # _____	E-mail _____	
Contact _____	Signature _____	Date _____

Kindly complete and fax the following form to the above fax number,  
as each new client requires an authorization I.D.

Company Name _____		
Business Number _____	RM _____	
Address _____		
City _____	Province _____	Postal Code _____
Contact _____	Title _____	
Telephone _____	Facsimile _____	
E-mail address _____		

**For Government Use Only**

Authorization ID