

CARM REGISTRANT FORM



Do you have a Business Number (BN9)? YES NO

Which programs do you wish to enroll in? (Select all that apply)

NOTE: We may only register you for carrier and warehouse programs if you are currently non-registered in the CARM Portal

- Importer Warehouse ([Customs Bonded Warehouse](#))
- Third Party - Foreign Exporter Carrier
- Third Party - Foreign Producer
- Exporter from Canada

Company Name (As registered with CRA or under Company Registration Regulations).
Name MUST be identical with punctuations, capital letters, commas, numeric, etc.

Registration Address Name (As registered with CRA or under Company Registration Regulations).
Name MUST be identical with punctuations, capital letters, commas, numeric, etc.

Type of Business:

Physical Address: Address Line 1:

Address Line 2:

City: Prov/State: Postal/Zip Code:

Tel: Extension: Fax:

Mailing Address: Address Line 1:

Address Line 2:

City: Prov/State: Postal/Zip Code:

Tel: Extension: Fax:

Billing Address: Address Line 1:

Address Line 2:

City: Prov/State: Postal/Zip Code:

Tel: Extension: Fax:

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Contact 1: Contact Type:

Title:

First Name:

Last Name:

Email:

Tel:

Ext:

Fax:

Contact 2: Contact Type:

Title:

First Name:

Last Name:

Email:

Tel:

Ext:

Fax:

Contact 3: Contact Type:

Title:

First Name:

Last Name:

Email:

Tel:

Ext:

Fax:

Platform Type:

Address/Link:

Platform Type:

Address/Link:

Platform Type:

Address/Link:

Are the books and records kept in Canada? YES NO

Please forward the completed form to CARM@pfcollins.com.