



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

ImporterWarehouse (Customs Bonded Warehouse)Third Party - Foreign ExporterCarrierThird Party - Foreign ProducerExporter 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: Prov/State: Postal/Zip Code: City: Extension: Fax: Tel: 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:

CARM REGISTRANT FORM PAGE 2



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:	Tel:	Last Name:	- .	_
	Email:			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.