

Your Business Name
Your Business Address
Your Business Phone

Date

Ministry of Transportation
777 Bay Street, 5th floor
Toronto, Ontario
M7A 1Z8

I, (full legal name of signer), am the (director / president / partner) of (registered business name and trade name, if applicable), a (corporation / partnership) located at (registered business address) and with the telephone number (business phone number).

The (Board of Directors / partners) of (registered business name and trade name, if applicable) wish to request a new Registrant Identification Number. [Delete this paragraph if your business already has a RIN]

The (Board of Directors / partners) of (registered business name and trade name, if applicable) wish to register motor vehicles in the name of (registered business name and trade name, if applicable).

I have the authority to bind the (corporation / partnership).

Signature of (Full legal name of signer)

(Director / President / Partner)

Date:

Sworn before me in _____

on _____

Notary Public

My commission expires: