



## APS Client, Owner/Agent Authorization Form

Date \_\_\_\_\_

I, \_\_\_\_\_  
Client, Owner Name

Address \_\_\_\_\_  
Street Name and Number City Province Postal Code

Authorize \_\_\_\_\_  
Agent/Representative Full Name

Agency/Relationship \_\_\_\_\_

To act on my behalf, in the matter(s) of:

\_\_\_\_\_  
\_\_\_\_\_  
PON and/or Penalty Notice Number

Screening/Hearing Date \_\_\_\_\_

\_\_\_\_\_  
Client/Owner Signature

\_\_\_\_\_  
Agent/Representative Signature