

MODEL AUTHORIZATION FORM (MAF)

Country:

Name of association:

Competent authority:

To be completed by national associations and/or competent authorities								
ID number	Name of person(s) /enterprise	Business address	Contact point and access number (Tel., fax and E-mail number)	Business registration or licence number, etc. *	Earlier withdrawal of authorization **	Date of authorization **	Date of withdrawal of authorization **	Stamp signature
...								
...								
...						

* if available

** if appropriate.

For each person for which a request for authorization is transmitted by the approved association, the following information shall, at least, be provided to the competent authorities:

- Individual and unique identification (ID) number assigned to the person by the guaranteeing association (in cooperation with the international organization to which it is affiliated).
- Name(s) and address(es) of the person(s) or enterprise (in case of a business association, also the names of responsible managers).
- Contact point (natural person authorized to provide information on the TIR operation to Customs authorities and associations) with complete telephone, fax and E-mail numbers).
- Commercial registration No. or international transport licence No. or other (if available).
- (if applicable) Earlier withdrawal of authorization, including dates, length and nature of withdrawal of authorization."