



Primary Contact Authorization Form

This document includes forms to:

- Change an Existing Primary Contact
- Register a Primary Contact for a New Member

Please review the AMS Membership Agreement [available here](#) before completing this form

- As per Section 3.2 of the Membership Agreement, members shall inform AMS in writing, as soon as practicable and in any event within twenty eight (28) business days of a Primary Contact change.
- Telephone or email requests to complete primary contact changes cannot be accepted.
- Complete applicable form by providing requested information, printing the form, and having it signed by a senior company officer who has authority to bind your organization.
- Submit form via email to stewards@autostewardship.ca including your Company name and “Primary Contact” in the subject line.

FORM 1 - Change an Existing Primary Contact

- If the current Primary Contact is still with the company, they may complete the form.
- If the Primary Contact is no longer with the company, only the signature of the senior officer is required.
- Primary Contact changes take up to three (3) business days to process.
- New Primary Contacts will receive an email with their login ID and password once the changes are completed.

FORM 2 - First Time Registration of Primary Contact (New Member Accounts Only)

- Please register your organization on the portal at <https://wecycle.cssalliance.ca/iri/portal>
- Complete and submit this form.
- Steward Services Team will contact all new registrants to verify their information.



FORM 1 –Change an existing Primary Contact:

1. Please provide the following information:

Company Name:	
Steward Number:	
Company Address:	
Name of Former Primary Contact:	
Name of New Primary Contact:	
Title:	
Email Address:	
Phone Number:	

2. Indicate if the former Primary Contact is being reassigned to one of the other Roles, or if they should be removed from the account.

Secondary Billing Environmental Lead Remove from account

3. Declaration

I declare that I am a Senior Officer or the current Primary Contact and that the Primary Contact named above has been authorized to act on behalf of the Company named above in the submission of their Member Reports and has the authority to attest to the accuracy of the data contained within these reports thereby binding our organization to our financial obligations under the respective programs' stewardship legislation and regulation:*

Name of Senior Officer*

Title

Signature

(*must have authority to bind the Company's Canadian operations)



FORM 2 - Register a Primary Contact for a new Member Account:

1. Please provide the following information:

Company Name:	
Steward Number:	
Company Address:	
Name of Primary Contact:	
Title:	
Email Address:	
Phone Number:	

2. Declaration

I declare that I am a Senior Officer and that the Primary Contact named above has been authorized to act on behalf of the Company named above in the submission of their Member Reports and has the authority to attest to the accuracy of the data contained within these reports thereby binding our organization to our financial obligations under the respective programs' stewardship legislation and regulation:*

Name of Senior Officer*

Title

Signature

(*must have authority to bind the Company's Canadian operations)