



Ministry of  
Small Business  
and Revenue

Mailing Address:  
PO Box 9628 Stn Prov Govt  
Victoria BC V8W 9N6

# SIGNING AUTHORIZATION FUEL TAX REFUND PROGRAM FOR PERSONS WITH DISABILITIES

pursuant to the *Motor Fuel Tax Act*

## INSTRUCTIONS:

- Please complete this form in full.
- Return to the Consumer Taxation Branch at:  
PO Box 9628 Stn Prov Govt  
Victoria BC V8W 9N6
- This form will be kept on file for future reference.
- If you need additional information, call the  
Consumer Taxation Branch in Vancouver at  
604 660-4524 or outside Vancouver toll free  
at 1 877 388-4440.

- Information is also available on the Internet:  
[www.sbr.gov.bc.ca/ctb/Disability.htm](http://www.sbr.gov.bc.ca/ctb/Disability.htm)

**Freedom of Information and Protection of Privacy Act (FOIPPA)**  
 The personal information on this form is collected for the purpose of administering the *Motor Fuel Tax Act* under the authority of both this Act and section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, Ministry of Small Business and Revenue, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.) **Email: [FOI.QRYS@gov.bc.ca](mailto:FOI.QRYS@gov.bc.ca)**

FILE REFERENCE

G

I, \_\_\_\_\_,  
Claimant's Name

hereby authorize the below mentioned individual to sign refund application forms on my behalf for the Fuel Tax Refund Program for Persons with Disabilities.

\_\_\_\_\_  
Name of Authorized Individual

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date Signed