

Please type or print clearly

Mailing Address: PO Box 9442 Stn Prov Govt Victoria BC V8W 9V4

www.sbr.gov.bc.ca/ctb

APPLICATION FOR CARRIER LICENCE INTERNATIONAL FUEL TAX AGREEMENT (IFTA)

Pursuant to the Motor Fuel Tax Act

Information: Call the Consumer Taxation Branch in

 Victoria:
 250 387-0635

 Vancouver:
 604 660-4524

 Rest of the Province:
 1 877 388-4442

Note: Please mail the completed application form and any applicable fees to the address above.

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

TAX ACCOUNT NO.

NAME OF APPLICANT — legal name of business organization, proprietor or partners FEDE						EDERAL B	RAL BUSINESS NO.	
2 TRADE NAME/DOING BUSINESS AS — If applicable US DI					S DEPART	EPARTMENT OF TRANSPORT NO. (USDOT)		
3 NAME OF CONTACT PERSON FOR IR	FTA PURPOSES							
4 CARRIER'S BUSINESS ADDRESS – Must be a physical location, P.O. Box No. is not acceptable				ble	C	CITY		
PROVINCE/STATE/COUNTRY	POSTAL/ZIP CODE	TELEPHONE N	0.	FAX NO.	– If applicat	ole E	EMAIL ADDRESS - If applicable	
5 MAILING ADDRESS – If differen	nt than business ac	Idress above		1,	•			
CITY	CITY		PROVINCE/STATE/COUNTRY			F	POSTAL/ZIP CODE	
6 LOCATION OF RECORDS – If diffe	LOCATION OF RECORDS – If different than business address above						CITY	
PROVINCE/STATE/COUNTRY	POSTAL/ZIP CODE	TELEPHONE NO	0.	FAX NO.	– If applica	able E	EMAIL ADDRESS - If applicable	
7 TYPE OF OWNERSHIP								
SOLE PROPRIETOR	PARTNERSHIP	CORPORATI	ON – Numbe	er:		OTHER	R – Specify:	
8 INCORPORATION YYYY / MIDATE	BUSINE COMME DATE		YYYY / MM / E	Y / MM / DD DATE COMMENCE TRAVEL OUTSIDE HOME JURISDICT		JTSIDE OF		
DO YOU HAVE AN ACTIVE IFTA L YES NO If yes, provide:	ICENCE WITH ANOTH URISDICTION	ER JURISDICTION	?			11	FTA LICENCE NO.	
LICENCING INFORMATION IRP PRORATE NO.						5	SOCIAL SERVICE TAX NO.	
YES IT YES, FUEL USER	S FROM A PREVIOUS O' DWNER'S MOTOR PERMIT NO. DWNER'S NAME AND AD				IS OWNER'S ENCE NO.			

12	(1) NAME OF OWNER, PARTNER OR CORPORATE OFFICER		TELEPHONE NO.						
			()						
	RESIDENCE ADDRESS - Include street, city, province/state, country and postal/zip code								
	(2) NAME OF OWNER, PARTNER OR CORPORATE OFFICER		TELEPHONE NO.						
			()						
	RESIDENCE ADDRESS - Include street, city, province/state, country and postal/zip code								
	(3) NAME OF OWNER, PARTNER OR CORPORATE OFFICER		TELEPHONE NO.						
			()						
	RESIDENCE ADDRESS - Include street, city, province/state, country and postal/zip code								
13	DO YOU MAINTAIN BULK FUEL DO YOU MAINTAIN BULK FUEL STORAGE IN OTHER JURISI	DICTIONS?							
	STORAGE IN BRITISH COLUMBIA? If YES,	5,							
	YES NO Ist jurisdictions:								
14	ARE YOU REQUESTING CONSOLIDATED FLEET FUEL REPORTING? (Applies only to carrie	ers having additional fle	ets outside of BC)						
	YES If YES, please send written request to BC's Commissioner as we commissioner(s) of the other jurisdiction(s) for which you wish to		oorts						
15	INDICATE TYPE OF FUEL USE − Check (✔) all that apply	o make consolidated rep	0113.						
	DIESEL GASOLINE PROPANE GASOHOL NATURAL GAS								
16	IFTA DECALS								
	number reduested is unusually large, the pranch will issue the number of decais	MBER OF	NUMBER OF						
		ALIFIED S R VEHICLES	REQUIRED						
17	FEES		1						
17	For new IFTA applicants, the one-time registration fee is \$300. For IFTA renewals, the	annual fee is \$100.	FEE						
	Please remit applicable fee with this form and make cheque or money order payable in		\$						
	the Minister of Finance.								
18	CERTIFICATION BY APPLICANT The Applicant agrees:								
	• to comply with the reporting, payment, record keeping and licence and dec	cal display requiremen	nts specified in the						
	International Fuel Tax Agreement. Failure to comply with these provisions cancellation of the Applicant's licence.								
	 that it is responsible for ensuring that the decals issued are properly distributed and accounted for in quarterly reporting for audit purposes. 								
	 that the Province of British Columbia may withhold any refunds due to the Applicant if the Applicant is delinquent on payment of fuel taxes to any jurisdiction that is a signatory to the International Fuel Tax Agreement. 								
	 that the information contained on this application may be shared with other British Columbia government agencies, and with other governments and other agencies, insofar as that disclosure relates to the administration and enforcement of taxation enactments or the International Fuel Tax Agreement. 								
	• that the statements made in this application are true and complete to the b		knowledae.						
			DATE SIGNED YYYY / MM / DD						
	(1)								
	(2)								
	(3)								
	\-/		İ						