

Department of Finance
Licensing and Registration
670 King Street
P. O. Box 3000
Fredericton, N.B.
E3B 5G5



Telephone: (506) 453-2404
Fax: (506) 457-7335

APPLICATION for an International Fuel Tax Agreement (IFTA) Licence

Part I

Year for which you are applying _____
Current IFTA No. _____

LANGUAGE PREFERENCE

- English
 French

APPLICATION TYPE

- New Application
 Renewal
 Additional Decals (complete Parts II & V)

Part II

Business Number: _____ Legal Name: _____

- Individual:** (Sole Proprietorship one person)
 Partnership: two or more persons - PARTNERSHIP NAME must be registered with the Corporate Affairs Branch of Service New Brunswick (506-453-2703). Attach name and address of partners.
 Corporation: limited or incorporated company with directors and officers and must be registered with the Corporate Affairs Branch of Service New Brunswick (506-453-2703). Attach name and address of directors and officers.

Trade Name: _____
(operating or business name)

Mailing Address: _____
(where all tax returns and correspondence should be mailed)

Physical Location of Business: _____
(street, road, avenue, rural route, postal code, mall complex; if more than one, attach list)

Name of Owner: _____

Business Telephone:(____) _____ Home Telephone: (____) _____ Fax: (____) _____

Name of Person who will be completing the IFTA Reports: _____

Business Telephone:(____) _____ Home Telephone:(____) _____ Fax:(____) _____

Name, Address and Phone Number of the Bank or Financial Institution for the business/applicant:

INCOMPLETE APPLICATION WILL NOT BE PROCESSED

Part IV

Indicate the jurisdictions in which you plan to operate "Qualified Motor Vehicles" and/or maintain bulk storage of fuel.

NOTE: "Qualified Motor Vehicle" means a motor vehicle used, designed, or maintained for transportation of persons or property and

- (a) having two axles and a gross vehicle weight or registered gross vehicle weight exceeding 11,797 kilograms (26,000 lbs.); or
- (b) having three or more axles regardless of weight; or
- (c) is used in combination with a trailer when the weight of such a combination exceeds 11,797 kilograms (26,000 lbs.)

"QUALIFIED MOTOR VEHICLE" DOES NOT INCLUDE RECREATIONAL VEHICLES

NOTE:

As an IFTA licence holder, you have authorization to travel in all IFTA jurisdictions. By checking the jurisdictions in which you normally travel, it provides the ability to customize your fuel return to show only those jurisdictions.

1=Operation of Motor Vehicles 2=Maintain Storage of Fuel

1	2	Canadian Provinces	1	2	Canadian Provinces
<input type="checkbox"/>	<input type="checkbox"/>	AB Alberta	<input type="checkbox"/>	<input type="checkbox"/>	NS Nova Scotia
<input type="checkbox"/>	<input type="checkbox"/>	BC British Columbia	<input type="checkbox"/>	<input type="checkbox"/>	ON Ontario
<input type="checkbox"/>	<input type="checkbox"/>	MB Manitoba	<input type="checkbox"/>	<input type="checkbox"/>	PE Prince Edward Island
<input type="checkbox"/>	<input type="checkbox"/>	NB New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	QC Quebec
<input type="checkbox"/>	<input type="checkbox"/>	NL Newfoundland	<input type="checkbox"/>	<input type="checkbox"/>	SK Saskatchewan

1	2	American States	1	2	American States
<input type="checkbox"/>	<input type="checkbox"/>	AL Alabama	<input type="checkbox"/>	<input type="checkbox"/>	NC North Carolina
<input type="checkbox"/>	<input type="checkbox"/>	AR Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	ND North Dakota
<input type="checkbox"/>	<input type="checkbox"/>	AZ Arizona	<input type="checkbox"/>	<input type="checkbox"/>	NE Nebraska
<input type="checkbox"/>	<input type="checkbox"/>	CA California	<input type="checkbox"/>	<input type="checkbox"/>	NH New Hampshire
<input type="checkbox"/>	<input type="checkbox"/>	CO Colorado	<input type="checkbox"/>	<input type="checkbox"/>	NJ New Jersey
<input type="checkbox"/>	<input type="checkbox"/>	CT Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	NM New Mexico
<input type="checkbox"/>	<input type="checkbox"/>	DE Delaware	<input type="checkbox"/>	<input type="checkbox"/>	NV Nevada
<input type="checkbox"/>	<input type="checkbox"/>	FL Florida	<input type="checkbox"/>	<input type="checkbox"/>	NY New York
<input type="checkbox"/>	<input type="checkbox"/>	GA Georgia	<input type="checkbox"/>	<input type="checkbox"/>	OH Ohio
<input type="checkbox"/>	<input type="checkbox"/>	IA Iowa	<input type="checkbox"/>	<input type="checkbox"/>	OK Oklahoma
<input type="checkbox"/>	<input type="checkbox"/>	ID Idaho	<input type="checkbox"/>	<input type="checkbox"/>	OR Oregon
<input type="checkbox"/>	<input type="checkbox"/>	IL Illinois	<input type="checkbox"/>	<input type="checkbox"/>	PA Pennsylvania
<input type="checkbox"/>	<input type="checkbox"/>	IN Indiana	<input type="checkbox"/>	<input type="checkbox"/>	RI Rhode Island
<input type="checkbox"/>	<input type="checkbox"/>	KS Kansas	<input type="checkbox"/>	<input type="checkbox"/>	SC South Carolina
<input type="checkbox"/>	<input type="checkbox"/>	KY Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	SD South Dakota
<input type="checkbox"/>	<input type="checkbox"/>	LA Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	TN Tennessee
<input type="checkbox"/>	<input type="checkbox"/>	MA Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	TX Texas
<input type="checkbox"/>	<input type="checkbox"/>	MD Maryland	<input type="checkbox"/>	<input type="checkbox"/>	UT Utah
<input type="checkbox"/>	<input type="checkbox"/>	ME Maine	<input type="checkbox"/>	<input type="checkbox"/>	VA Virginia
<input type="checkbox"/>	<input type="checkbox"/>	MI Michigan	<input type="checkbox"/>	<input type="checkbox"/>	VT Vermont
<input type="checkbox"/>	<input type="checkbox"/>	MN Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	WA Washington
<input type="checkbox"/>	<input type="checkbox"/>	MO Missouri	<input type="checkbox"/>	<input type="checkbox"/>	WI Wisconsin
<input type="checkbox"/>	<input type="checkbox"/>	MS Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	WV West Virginia
<input type="checkbox"/>	<input type="checkbox"/>	MT Montana	<input type="checkbox"/>	<input type="checkbox"/>	WY Wyoming

INCOMPLETE APPLICATION WILL NOT BE PROCESSED

Part V

Number of Qualified Motor Vehicles requiring decals: _____ x \$5.00 = _____

All fees must be made payable by cheque or money order to:
Minister of Finance
(\$5.00 per set of decals)

TOTAL FEES ENCLOSED \$ _____

Applicant Agreement:

In signing this application, I agree to the following:

- To comply with the reporting, payment, record keeping, and licence display requirements imposed under the *Gasoline and Motive Fuel Tax Act*;
- To authorize New Brunswick to audit my operations on behalf of all jurisdictions participating in the International Fuel Tax Agreement (IFTA);
- To authorize New Brunswick to process my tax returns on behalf of all jurisdictions participating in IFTA;
- To authorize New Brunswick to forward information regarding my licence application and fuel tax returns to other IFTA jurisdictions for the purposes of administering the IFTA program (in addition to IFTA fuel tax returns, information which may be forwarded to other signatory jurisdictions may include, but is not necessarily limited to, taxpayer identification number, residence address, and phone number);
- To pay any net taxes due on fuel consumed through interjurisdictional travel to New Brunswick;
- To accept that any net overpayments of tax will be refunded by New Brunswick; and
- To accept that my failure to comply with these provisions shall be grounds for revocation of licence in all IFTA jurisdictions.
- That certain information obtained on this application form will be sent to Canada Revenue Agency and Service New Brunswick pursuant to the provisions of the *Common Business Identifier Act*. (Note: Service New Brunswick may share such information with other public bodies for certain purposes pursuant to the provisions of the *Common Business Identifier Act*.)

I further agree, under penalty of perjury, that the statements made in this application are true and complete to the best of my knowledge.

Authorized Signature

Date

Title

Telephone No.

NOTE:

An authorized signature that would include, an owner, partner, corporate officer, manager, or any person authorized by the applicant must sign this form.

Please send completed applications to:

Department of Finance
Revenue and Taxation Division
Licensing and Registration
670 King Street, P. O. Box 3000
Fredericton, NB E3B 5G5

General Inquiries: (506) 453-2404
Fax: (506) 457-7335

FOR OFFICE USE ONLY:

ID NUMBER OF EACH SET OF DECALS ISSUED: