



BRITISH
COLUMBIA

Ministry of
Finance

Mailing Address:
PO Box 9444 Stn Prov Govt
Victoria BC V8W 9W8
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WAIVER OF THE TIME PERIOD FOR ASSESSMENT

Under Part 11.1 of the Forest Act

General Inquiries: 250-387-3332

Toll Free: 1-877-387-3332

Email: ITB.Operations@gov.bc.ca

INSTRUCTIONS:

- For use by a client to waive the time period for assessment, within which the Commissioner may assess or reassess.
- One completed copy of this waiver is to be filed with the Commissioner within six years from the date stumpage or export fees should have been due.
- In order for a waiver to be valid, the matter(s) being waived must be specified in the space provided and the waiver must not specify a time limit in respect of its period of application.
- A waiver may be revoked **only** by filing a **Notice of Revocation of Waiver (FIN 158)**, and such revocation is effective on the day that is six months after the date on which the notice is filed.
- This waiver must be signed by the client, legal representative, or authorized signing officer.

Freedom of Information and Protection of Privacy Act (FOIPPA) – The personal information on this form is collected for the purpose of administering the Forest Act under the authority of sections 26(a) and (c) of the FOIPPA. Questions about the collection or use of this information can be directed to the Manager, Intergovernmental Relations, PO Box 9444 Stn Prov Govt, Victoria BC V8W 9W8 (telephone: Victoria at 250-387-3332 or toll free at 1-877-387-3332). Email: ITBTaxQuestions@gov.bc.ca

NAME OF CLIENT (if there has been a name change or amalgamation, also indicate the previous name in brackets)

ADDRESS (include street or PO box, city, province and postal code)

CLIENT NUMBER

WAIVER FOR
THE PERIOD

FROM
YYYY / MM / DD

TO
YYYY / MM / DD

WAIVER

The assessment period referred to in section 142.6(1) of the Forest Act, which the Commissioner may assess or reassess will be waived for the period indicated above, in regard to:

NAME OF CLIENT, LEGAL REPRESENTATIVE OR AUTHORIZED SIGNING OFFICER

POSITION OR OFFICE

SIGNATURE OF CLIENT, LEGAL REPRESENTATIVE OR AUTHORIZED SIGNING OFFICER

DATE SIGNED
YYYY / MM / DD

X