

Low Carbon Fuel Standard TFRS Registration Form B

(Required for organizations WITH NO compliance obligation - trade Compliance Units only))

Commencing in 2024, organizations no longer need to be fuel suppliers to participate in the compliance unit market. However, in order to participate, organizations must be registered by the director in accordance with section 17 of the Low Carbon Fuels (General) Regulation (LCFGR). Organizations who are not registered by the director will not be able to participate in the compliance unit market. The director holds discretionary authority to suspend, cancel, or refuse such registration. Prior to completing this form and obtaining access to TFRS, organizations will need to first register with BCeID and have a Business BCeID user account created for each company representative. The Business BCeID registration process is managed by the BCeID Help Desk and all inquiries regarding the sign-up process or issues with your BCeID account should be directed to the BCeID Help Desk. Once a Business BCeID user account has been created please complete this form accordingly.

Instructions: Please have the designated administrator or primary contact person of your organization complete all applicable fields of this form. Attach all accompanying documents required for review to this form and return via email to the Low Carbon Fuels Branch (LCFB) general inbox for processing at lcfs@gov.bc.ca. After submission, the documents will be reviewed, and an administrator will be in contact with you. Upon registration approval, a Transportation Fuels Reporting System (TFRS) account will be created, and the managing user of the account can add additional users and manage account settings as required.

| SECTION 1 - ORGANIZATION DETAILS | |
|----------------------------------|--|
| Organization Legal Name: | Organization Operating Name (if different) |
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| | |
| Street Address: | City: |
| | |
| Province/State: | Postal/Zip Code: |
| | |
| Country: | Business Phone: |
| | |

| SECTION 2 - CONTACT PERSON DETAILS | | |
|---|--|--|
| First Name: | Last Name: | |
| | | |
| | | |
| Business Phone: | Email: | |
| | | |
| | | |
| Business BCeID User Account: | Business BCeID Associated Email (if different from above): | |
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| | | |
| SECTION 3 - ORGANIZATION'S BRITISH COLUMBIA ATTORNEY DETAILS (FO | | |
| Representing Firm: | Attorney Name: | |
| | | |
| | | |
| Street Address: | City: | |
| | | |
| | | |
| Province and Country: | Business Phone: | |
| | | |
| | | |
| Postal Code: | Email: | |
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| SECTION 4 - SIGNATURE - Before signing this document, verify that the content you are signing is correct. | | |
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| Questions? | | |
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| Please contact lcfs@gov.bc.ca with any questions you may have about this form. Information | | |
| For more information, please visit the webpage. (Click Here) | | |
| Disclaimer | | |
| The signatory is solely responsible for the accuracy and completeness of the information provided in the registration form. Any changes to this | | |
| information must be promptly updated and reported to the LCFB by submitting a revised form. | | |
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