

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 Low Carbon Fuel Standard (LCFS) Portal, 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 LCFS Portal 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)		
Street Address:	City:		
Province/State:	Postal/Zip Code:		
Country:	Business Phone:		

SECTION 2 - CONTACT PERSON DET	AILS				
First Name:		Last Name:			
Business Phone:			Email:		
Business BCeID User Account:			Business BCeID Associated Email (if different from above):		
SECTION 3 - ORGANIZATION'S BRIT	ISH COLUMBIA ATTORNEY DE	TAILS (FOR	R ORGANIZATIONS LOCA	TED OUTSIDE OF BC)	
Representing Firm:		Attorney Name:			
Street Address:			City:		
Province and Country:			Business Phone:		
BRITISH COLUMBIA, CANADA					
Postal Code:			Email:		
SECTION 4 - SIGNATURE - Before sig	ning this document, verify the	at the con	tent you are signing is co	orrect.	
First Name:	Last Name:	Last Name:		Job Title or Position:	
Questions?					
Please contact lcfs@gov.bc.ca with a	any questions you may have ab	out this fo	orm.		
Information					
For more information, please visit th	ne webpage. (Click Here)				
Disclaimer					
The signatory is solely responsible for	or the accuracy and completen	ess of the i	information provided in	the registration form. Any changes to this	
information must be promptly upda	ted and reported to the LCFB b	oy submitti	ing a revised form.		