



Appendix 3 Vehicle Ownership Declaration Fuel Tax Refund Program for Persons with Disabilities under the Motor Fuel Tax Act

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 sections 26(a) and (c) of the FOIPPA. Questions about the collection or use of this information can be directed to the Director, Policy, Rulings and Services, PO Box 9442 Stn Prov Govt, Victoria BC V8W 9V4 (telephone: toll free at 1-877-388-4440).

If the registrant is not a registered owner or lessee but has joint ownership of or an ownership interest in the vehicle, the registered owner (such as a spouse, caregiver or relative) must complete this section.

When completed, return this page to the registrant to submit with their registration.

Registered Vehicle Owner Information

Full Legal Name			
Mailing Address (street or PO box number)	City	Province	Postal Code
Driver's Licence Number DL	Licence Plate Number		

Is there more than one driver of this vehicle?

Yes No

The registrant helps pay these costs of the vehicle — Check (✓) all that apply:

Original purchase Lease payment Maintenance
 Insurance Gas Propane Diesel

By signing below, as a vehicle owner, I certify that the registrant is part owner of the vehicle. I also consent to the collection of my personal information by the registrant and the Ministry of Finance for the purpose of confirming the involvement of my vehicle in the Fuel Tax Refund Program for Persons with Disabilities.

Signature of Registered Owner (type your name to sign electronically)

Date Signed
YYYY / MM / DD

X