



INSTRUCTION PAGE

FOR COMPLETING YOUR APPLICATION FOR REGISTRATION FOR THE FUEL TAX REFUND PROGRAM FOR PERSONS WITH DISABILITIES FORM (FIN 119)

Before Applying – See If You Qualify

To qualify you must:

1. have a qualifying permanent disability (see **Step 2** on **Page 2** for details),
2. be 16 years old or older, and
3. own or lease a vehicle or have an ownership interest in a vehicle (see **Step 3** instructions below for exceptions).

Ownership interest means you may not be listed on the vehicle registration but you still have an interest in the vehicle, such as contributing to its purchase or maintenance.

Step 1 – Applicant Information

Enter the name, mailing address and contact information of the person applying for the program.

Step 2 – Qualifying Disabilities

Check **all** disabilities that apply and provide documentation to confirm each disability.

Step 3 – Government Identification and Vehicle Registration

Enter your driver's licence number and the licence plate number.

- Include a photocopy of your driver's licence. If you do not have a driver's licence, provide a photocopy of your birth certificate or other government-issued identification.
- Include a photocopy of the valid vehicle registration. If you are submitting a one-time exception refund claim, a photocopy of the previous vehicle registration is also required. If the vehicle is registered in BC, this is the registration paper from the Insurance Corporation of British Columbia (ICBC). **Note:** you can qualify for a refund for fuel purchased for use in **only one vehicle**.

Registration exceptions:

- Expired registration – you still qualify but can only claim a refund during the time that your registration was valid.
- Not the registered owner – see **Step 7** for more information.

Step 4 – Applicant Declaration

Review the declaration and ensure you understand the consequences of supplying false information. Certify the declaration by including your signature and date.

The application must be signed by the applicant. If someone is signing on your behalf, we will require a copy of your Power of Attorney or a legal document indicating why Power of Attorney is not available.

Step 5 – Doctor or Nurse Practitioner's Certification

Take the form to a doctor or nurse practitioner and have them complete **Step 5** of the form. Your doctor or nurse practitioner should return the form to you and should not send it to us.

For more information about the qualifying disabilities, see **Step 5** on **Page 3**.

Step 6 – Disability Assistance or a Supplement from the Ministry of Social Development and Poverty Reduction (SDPR)

Complete the Release of Information Consent portion of **Step 6** and take the form to be signed by an authorized representative of SDPR.

For more information, see **Step 6** on **Page 4**.

Step 7 – Vehicle Ownership Declaration

If you are not the registered owner of the vehicle, but you have joint ownership or an ownership interest in the vehicle, the registered owner of the vehicle must complete and sign **Page 5**.

- Include a photocopy of the valid vehicle registration.

For more information, see **Step 7** on **Page 5**.

Send Us Your Application

Ensure that you include:

- your completed and signed application form.
- documentation to confirm each disability (see **Step 2** on **Page 2**).
- a photocopy of your driver's licence, birth certificate or other government-issued identification (see **Step 3** on **Page 2**).
- a photocopy of the valid vehicle registration.
- a photocopy of your Power of Attorney or Representative Agreement, if required.

Send your application:

By Fax: 250 356-2195
(if you fax your application,
do not mail the original)

By Email: REVREGCL@Victoria1.gov.bc.ca

Drop Off: Nearest Service BC Centre
locations can be found online at
servicebc.gov.bc.ca/locations

By Mail: Ministry of Finance
PO Box 9435 Stn Prov Govt
Victoria BC V8W 9V3

Next Steps

After we have reviewed your application, if you qualify, we will send your registration number and more instructions on how to claim your refund. Allow approximately four weeks for your application to be processed.



APPLICATION FOR REGISTRATION FOR THE FUEL TAX REFUND PROGRAM FOR PERSONS WITH DISABILITIES

under the Motor Fuel Tax Act

Program Information

- For help completing this form, read our Instruction Page. For more information, refer to Bulletin MFT 004, Fuel Tax Refund for Persons with Disabilities, which is available on our website or from any Service BC Centre or by contacting us.

Questions?

- If you require additional information, call us toll-free at 1 877 388-4440. Information is available on our website at gov.bc.ca/fueltaxrefund

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 section 26(a) 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).

Step 1 - Applicant Information (see Step 1 on the Instruction Page)

Form with fields for LAST NAME, FIRST NAME, MIDDLE NAME, MAILING ADDRESS, POSTAL CODE, DAYTIME TELEPHONE NUMBER, CELL PHONE NUMBER, and EMAIL ADDRESS.

Step 2 - Qualifying Disabilities

Table with 2 columns: 'My qualifying disability is: (check (✓) all that apply)' and 'I have included the following required documentation:'. Rows include disabilities like loss of limb, wheelchair dependence, etc., and required documentation like doctor's completion of Step 5.

Step 3 - Government Identification and Vehicle Registration (see Step 3 on the Instruction Page)

Form with fields for DRIVER'S LICENCE NUMBER and LICENCE PLATE NUMBER.

Step 4 - Applicant's Declaration (see Step 4 on the Instruction Page)

I declare that all information provided on this application and on the attached documents is true and correct to the best of my knowledge and belief. I acknowledge that any false information may result in prosecution, a fine up to \$10,000, and/or imprisonment for up to two years.

Form with fields for SIGNATURE OF APPLICANT and DATE SIGNED.

X

Step 5 – Doctor or Nurse Practitioner's Certification (see [Step 5](#) on the Instruction Page)

Instructions:

- This page is to be completed by a medical doctor or nurse practitioner only.
- Once completed, return this page to the patient to submit with their application.

Applicant Information – Enter the name of the patient registering for the Fuel Tax Refund Program.

LAST NAME	FIRST NAME	MIDDLE NAME (if applicable)
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To be eligible for this program, your patient must qualify for at least one of the following conditions:

Check (✓) all that apply – DO NOT CHANGE OR AMEND QUALIFICATIONS

- 1 Loss of a limb
- 2 Permanent dependence upon a wheelchair
- 3 Permanent functional loss of the lower limbs
- 4 Permanent impairment of movement to the extent that the use of public transportation by the person would be hazardous (whether or not public transportation is available)
- 5 Permanent mental disability to the extent that the use of public transportation by the person would be hazardous (whether or not public transportation is available)
- 6 Permanent sight impairment to the extent that the person is not eligible to hold a driver's licence under the *Motor Vehicle Act*

DISABILITY START DATE YYYY / MM / DD
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START DATE OF THE ABOVE MEDICAL CONDITION

Doctor or Nurse Practitioner's Certification – I certify that, to the best of my knowledge, the above information is true and correct.

Check (✓) one: I am a Doctor I am a Nurse Practitioner

NAME OF DOCTOR OR NURSE PRACTITIONER (print clearly or use a stamp)	TELEPHONE NUMBER ()
	FAX NUMBER ()
ADDRESS OF DOCTOR OR NURSE PRACTITIONER (include street or PO box, city and province)	POSTAL CODE
SIGNATURE OF DOCTOR OR NURSE PRACTITIONER X	DATE SIGNED YYYY / MM / DD

Step 6 – Disability Assistance or a Supplement from the Ministry of Social Development and Poverty Reduction (SDPR) (see [Step 6](#) on the Instruction Page)

Instructions:

- If you receive disability assistance or a supplement under the *Employment and Assistance for Persons with Disabilities Act*, complete the **Release of Information Consent** section below.
- Have an authorized representative of the Ministry of Social Development and Poverty Reduction (SDPR) complete the **Office Use Only** section below and return this page to you. **Note:** Some Service BC representatives are authorized representatives of SDPR. Check with Service BC to find out if a location can assist you with this form.
 - Service BC Centre locations: servicebc.gov.bc.ca/locations or
 - SDPR office locations: www.sdsi.gov.bc.ca/contacts/offices.html
- Send this page to us with the rest of your application.

Important:

Let us know if you no longer receive disability assistance or a supplement under the *Employment and Assistance for Persons with Disabilities Act* as this may affect your eligibility for the Fuel Tax Refund Program.

For more information, contact Service BC toll-free at 1 800 663-7867 or the Ministry of Social Development and Poverty Reduction toll-free at 1 866 866-0800.

Release of Information Consent

By signing below, I consent to the disclosure of my personal information between the Ministry of Finance and the Ministry of Social Development and Poverty Reduction for the purpose of confirming my eligibility for the Fuel Tax Refund Program. This consent will remain in place for as long as I am in the program.

I agree to inform the Ministry of Finance immediately if notified by the Ministry of Social Development and Poverty Reduction that I no longer qualify or receive disability assistance or a supplement under the *Employment and Assistance for Persons with Disabilities Act*.

LAST NAME	FIRST NAME	MIDDLE NAME (if applicable)
MAILING ADDRESS (include street or PO box number, city and province)		POSTAL CODE
SIGNATURE OF APPLICANT X		DATE OF BIRTH YYYY / MM / DD

OFFICE USE ONLY – TO BE COMPLETED BY SDPR REPRESENTATIVE

Applicant Information:

START DATE OF DISABILITY ASSISTANCE/SUPPLEMENT PAYMENTS YYYY / MM / DD	END DATE OF DISABILITY ASSISTANCE/SUPPLEMENT PAYMENTS (if applicable) YYYY / MM / DD	SDPR ICM PID NUMBER
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SDPR Representative Information:

ADDRESS OF OFFICE PROVIDING SDPR INFORMATION (print clearly or use a stamp; include street or PO box, city, province and postal code)	NAME OF SDPR REPRESENTATIVE
	TELEPHONE NUMBER ()
	FAX NUMBER ()
SIGNATURE OF SDPR REPRESENTATIVE X	DATE SIGNED YYYY / MM / DD

Step 7 – Vehicle Ownership Declaration – *if applicable* (see [Step 7](#) on the Instruction Page)

Instructions:

- If the applicant is not a registered owner but has joint ownership or an ownership interest in the vehicle, the registered owner (such as a spouse, caregiver or relative) must complete this section.
- The applicant sends this page to us with a photocopy of the valid vehicle registration and the rest of the application.

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(c) and 27(1)(a)(i) 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).

Registered Vehicle Owner Information

LAST NAME	FIRST NAME	MIDDLE NAME <i>(if applicable)</i>
MAILING ADDRESS <i>(include street or PO box, city, and province)</i>		POSTAL CODE
DRIVER'S LICENCE NUMBER	LICENCE PLATE NUMBER	TELEPHONE NUMBER ()
What is your relationship with the Applicant?		
Are there multiple drivers of this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		

The applicant helps pay the cost(s) of the vehicle as follows:

Check (✓) all that apply

- 1 Original purchase
- 2 Lease payment
- 3 Maintenance
- 4 Insurance
- 5 Gas

By signing below, as a vehicle owner, I certify that the applicant is part owner of the vehicle. I also consent to the collection of my personal information by the applicant 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 VEHICLE OWNER X	DATE SIGNED YYYY / MM / DD
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