



Instructions Fuel Tax Refund Program for Persons with Disabilities

under the Motor Fuel Tax Act

To qualify you must:

- Be 16 years of age or older
- Own or lease a vehicle, or have an ownership interest in a vehicle (see [Appendix 3 – Vehicle Ownership Declaration](#))
- Confirm your disability

Are you ready to register?

1. Confirm your disability:

If you receive disability assistance or a supplement from the Province of BC, you can confirm your disability by signing [Appendix 1 – Disability Assistance Confirmation](#).

If you **do not** receive disability assistance or a supplement from the Province of BC, you must provide **one** of the following:

- A letter from the British Columbia Aboriginal Network on Disability Society confirming you receive disability assistance or a supplement from the Social Assistance for Persons with Disability program in accordance with the Indigenous Services Canada Social Development Program – Policy and Procedures Handbook – BC Region, the date you were enrolled in the program, and the end date (if applicable)
- A letter from Veterans Affairs Canada stating that you receive a 100% disability pension through service while in Her Majesty's forces, and the date you began receiving the disability pension
- A letter from CNIB stating that you have a permanent sight impairment, that you are not eligible to hold a driver's licence, and the effective date of the impairment
- An [Appendix 2 – Medical Certification](#) completed by a doctor or nurse practitioner

To register on behalf of someone else:

If you are **signing** on behalf of someone who is 19 years of age or older, you must also provide a [power of attorney or representation agreement](#).

2. Provide identification documents:

You will need to provide your contact information plus one of the following:

- Your driver's licence number
- A copy of government-issued identification that confirms your date of birth and legal name, such as a BCID or a BC Services card

3. Submit your registration:

- **By mail:** Ministry of Finance, PO Box 9435 Stn Prov Govt, Victoria BC V8W 9V3
- **By email:** REVREGCL@Victoria1.gov.bc.ca
- **By fax:** 250-356-2195
- **Drop off:** Service BC Centre locations can be found online at servicebc.gov.bc.ca/locations

For more information, refer to [Bulletin MFT 004](#), Fuel Tax Refund Program for Persons with Disabilities, which is available on our website at gov.bc.ca/fueltaxrefund, from any [Service BC Centre](#) or by contacting us by phone at 1-877-388-4440 or email at REVREGCL@Victoria1.gov.bc.ca

We aim to process your registration within 4-6 weeks.



Registration Fuel Tax Refund Program for Persons with Disabilities

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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).

Registrant's Contact Information

Full Legal Name			
Mailing Address (street or PO box number)	City	Province	Postal Code
Daytime Telephone Number	Cell Phone Number (optional)	Email Address (optional)	

Registrant's Identification Requirements

If you do not have a valid driver's licence, you must provide a copy of government-issued identification that confirms your date of birth and legal name.

Driver's Licence Number DL

Vehicle Information

If you own or lease a vehicle, provide the licence plate number.

Licence Plate Number

If you do not own or lease a vehicle but have an ownership interest in a vehicle, you must provide a completed [Appendix 3 – Vehicle Ownership Declaration](#).

What does the vehicle run on?

If the vehicle is a hybrid, select the secondary fuel source only (Gas, Diesel or Propane):

- Gas
 Diesel
 Propane
 Electric

Registrant's Declaration

I declare that all information provided on this form 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.

Signature of Registrant or Representative (type your name to sign electronically)	Date Signed YYYY / MM / DD
X	