



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 – Driver's Licence 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 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 Social Innovation (SDSI)

Complete the Release of Information Consent portion of **Step 6** and take the form to be signed by an SDSI employee.

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.

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

Form fields for Step 1: LAST NAME, FIRST NAME, MIDDLE NAME, MAILING ADDRESS, POSTAL CODE, DAYTIME TELEPHONE NUMBER, CELL PHONE NUMBER, EMAIL ADDRESS.

Step 2 - Qualifying Disabilities

Table for Step 2 with columns: My qualifying disability is: (check (✓) all that apply) and I have included the following required documentation:.

Step 3 - Driver's Licence and Vehicle Registration (see Step 3 on the Instruction Page)

Form fields for Step 3: DRIVER'S LICENCE NUMBER, 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 fields for Step 4: SIGNATURE OF APPLICANT, 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)

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
--

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 (please 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 Social Innovation (SDSI) (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 employee of the Ministry of Social Development and Social Innovation complete the **Office Use Only** section below and return the page to you.
- Send the 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, please contact the Ministry of Social Development and Social Innovation toll-free at 1 866 866-0800 or find your local office listed online at www.sdsi.gov.bc.ca/contacts/offices.html

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 Social Innovation 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 Social Innovation 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 SDSI EMPLOYEE

Applicant Information:

START DATE OF DISABILITY ASSISTANCE/SUPPLEMENT PAYMENTS YYYY / MM / DD	END DATE OF DISABILITY ASSISTANCE/SUPPLEMENT PAYMENTS (if applicable) YYYY / MM / DD	SDSI ICM PID NUMBER
---	---	---------------------

SDSI Employee Information:

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

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

Instructions:

- If the applicant has joint ownership or an ownership interest in a vehicle registered to someone else (such as a spouse, caregiver or relative), this section must be completed by the registered owner of the vehicle. (If the applicant is the registered owner, do not complete this section.)
- Once completed, the registered owner of the vehicle must return this page to the applicant along with a photocopy of the valid vehicle registration.

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 (documentation may be required):

Check (✓) all that apply

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

By signing below, I consent to the disclosure of my personal information between 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
---	-------------------------------