



APPLICATION FOR CARRIER LICENCE INTERNATIONAL FUEL TAX AGREEMENT (IFTA)

under the Motor Fuel Tax Act and the Carbon Tax Act

GENERAL INQUIRIES

Fuel and Carbon Tax Section Email: FuelTax@gov.bc.ca



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 and the Carbon Tax Act under the authority of section 26(a) of the FOIPPA.

Note: Mail the completed application form and any applicable fees to the address above.

TAX ACCOUNT NUMBER

1 NAME OF APPLICANT (legal name of business organization, proprietor or partners)

2 TRADE NAME/DOING BUSINESS AS (if applicable)

3 NAME OF CONTACT PERSON FOR IFTA PURPOSES

4 CARRIER'S BUSINESS ADDRESS (must be a physical location, PO Box Number is not acceptable) CITY PROVINCE/STATE/COUNTRY POSTAL/ZIP CODE TELEPHONE NUMBER FAX NUMBER (if applicable) EMAIL ADDRESS (if applicable)

5 MAILING ADDRESS (if different than business address above) CITY PROVINCE/STATE/COUNTRY POSTAL/ZIP CODE

6 MAILING ADDRESS FOR IFTA QUARTERLY RETURNS (if different than business address above) CITY PROVINCE/STATE/COUNTRY POSTAL/ZIP CODE TELEPHONE NUMBER FAX NUMBER (if applicable) EMAIL ADDRESS (if applicable)

7 TYPE OF OWNERSHIP SOLE PROPRIETOR PARTNERSHIP CORPORATION - Number: OTHER - Specify:

8 INCORPORATION DATE YYYY / MM / DD BUSINESS COMMENCED DATE YYYY / MM / DD DATE COMMENCED TRAVEL OUTSIDE OF HOME JURISDICTION YYYY / MM / DD

9 DO YOU HAVE AN ACTIVE IFTA LICENCE WITH ANOTHER JURISDICTION? YES NO If YES, provide: JURISDICTION IFTA LICENCE NUMBER

10 OTHER REGISTRATION INFORMATION IRP PRORATE NUMBER FEDERAL BUSINESS NUMBER US DEPARTMENT OF TRANSPORT NUMBER (USDOT)

11 DID YOU PURCHASE THE BUSINESS FROM A PREVIOUS OWNER? YES NO If YES, provide: PREVIOUS OWNER'S IFTA LICENCE NUMBER PREVIOUS OWNER'S NAME AND ADDRESS

12 (1) NAME OF OWNER, PARTNER OR CORPORATE OFFICER	TELEPHONE NUMBER ()
RESIDENCE ADDRESS (include street, city, province/state, country and postal/zip code)	
(2) NAME OF OWNER, PARTNER OR CORPORATE OFFICER	TELEPHONE NUMBER ()
RESIDENCE ADDRESS (include street, city, province/state, country and postal/zip code)	
(3) NAME OF OWNER, PARTNER OR CORPORATE OFFICER	TELEPHONE NUMBER ()
RESIDENCE ADDRESS (include street, city, province/state, country and postal/zip code)	

13 DO YOU MAINTAIN BULK FUEL STORAGE IN BRITISH COLUMBIA? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU MAINTAIN BULK FUEL STORAGE IN OTHER JURISDICTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, list jurisdictions:</i> _____
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14 ARE YOU REQUESTING CONSOLIDATED FLEET FUEL REPORTING? (applies only to carriers having additional fleets outside of British Columbia) <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If YES, send written request to British Columbia's commissioner as well as to the commissioner(s) of the other jurisdiction(s) for which you wish to make consolidated reports.</i>
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15 INDICATE TYPE OF FUEL USE (check (✓) all that apply)
<input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> PROPANE <input type="checkbox"/> GASOHOL <input type="checkbox"/> NATURAL GAS

16 IFTA DECALS Two decals (one set) are required for each qualified motor vehicle. Unless the number requested is unusually large, the branch will issue the number of decal sets that a carrier considers necessary for its business operations. Indicate the number of qualified motor vehicles and the number of decal sets you require.	NUMBER OF QUALIFIED MOTOR VEHICLES	NUMBER OF DECAL SETS REQUIRED
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17 FEES For new IFTA applicants, the one-time registration fee is \$300. For IFTA renewals, the annual fee is \$100. Remit the applicable fee with this form and make cheque or money order payable in Canadian funds to the Minister of Finance.	FEE \$
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18 AUTHORIZING A REPRESENTATIVE Tax information is confidential. If the applicant wants the branch to deal with another individual (such as a spouse, accountant, tax preparer or solicitor) as their representative regarding fuel taxes (including IFTA), the branch will need authorization. To do this, complete and attach the <i>Authorization or Cancellation of a Representative</i> form (FIN 151) to the renewal application. This form and instructions are available on our website at gov.bc.ca/salestaxes (go to Motor Fuel Tax and Carbon Tax).

19 CERTIFICATION BY APPLICANT The applicant agrees with the following.		
<ul style="list-style-type: none"> • To comply with the reporting, payment, record keeping, and licence and decal display requirements specified in the International Fuel Tax Agreement. Failure to comply with these provisions may result in suspension or cancellation of the applicant's licence. • To be responsible for ensuring that the decals issued are properly distributed and accounted for in the quarterly reporting for audit purposes. • That the Province of British Columbia may withhold any refunds due to the applicant if the applicant is delinquent on payment of fuel taxes to any jurisdiction that is a signatory to the International Fuel Tax Agreement. • That the information contained on this application, or other tax information regarding the applicant and relating to IFTA, may be shared with other British Columbia government agencies, with other governments <u>inside or outside of Canada</u>, and with IFTA, Inc., (a clearinghouse <u>located outside Canada</u> that distributes information to member jurisdictions) for the purpose of administering the IFTA, including the determination and collection of taxes owing to/from other IFTA member jurisdictions, and to other British Columbia government agencies for purposes relating to the administration of the International Registration Plan (IRP) including the determination and collection of taxes and fees owing to/from other IRP member jurisdictions. • That statements made in this application are true and complete to the best of the applicant's knowledge. 		

NAME AND TITLE (type or print)	SIGNATURE	DATE SIGNED YYYY / MM / DD
(1)	X	
(2)	X	
(3)	X	