

## Vehicle Ownership Declaration

### 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 (if applicable) |
| MAILING ADDRESS (include street or PO box, city, and province)                                       |                      | POSTAL CODE                 |
| DRIVER'S LICENCE NUMBER  | LICENCE PLATE NUMBER | TELEPHONE NUMBER<br>(     ) |
| 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<br><br>X | DATE SIGNED<br>YYYY / MM / DD |
|--|-------------------------------|