



Department of Finance
Taxation and Property Records

CANADA

Mail to:
Department of Finance,
Taxation and Property Records
PO Box 1150, Charlottetown, PE C1A 7M8
Tel: (902) 368 4070 Fax: (902) 368 6164

Deliver to:
95 Rochford Street
Shaw Building, 1st Floor
Charlottetown, PE C1A 3T7
or: any Access PEI Centre

Application for International Fuel Tax Agreement (IFTA) Licence

(Pursuant to the Prince Edward Island Climate Leadership Act and the Gasoline Tax Act R.S.P.E.I.)

Freedom of Information and Protection of Privacy

Personal information on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tax administration and enforcement. Questions on the collection and use of this information can be directed to the Manager, Tax Administration and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Email: taxandland@gov.pe.ca
Web site: www.princeedwardisland.ca

Section A – Company Information			
1. Legal Name: _____			
2. Trade Name (if different from legal name): _____			3. HST or federal business number (BN): _____
4. Check Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
5. Business Location (Civic Address): _____			
6. Mailing Address: _____		_____	
(Street/PO Box/Rural Route)		(City/town/community)	
_____		_____	
(Province)		(Postal Code)	
7. Location of Records: _____			IFTA No.: _____
8. Telephone: _____	Cell: _____	Fax: _____	Email: I authorize Taxation and Property Records to communicate via email using this address.
9. Have you ever been licensed under this agreement in any other IFTA jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, has that licence ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it still under revocation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Do you have bulk storage facilities for fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate in which provinces and/or states: _____			
11. A. Number of qualifying vehicles to be registered under IFTA:			
Gasoline:	Special Diesel:	Other (Please indicate fuel type):	
_____	_____	_____	
B. On the back of this form, list the Vehicle Identification Number (VIN), year, make and model of each vehicle that qualifies to be registered under IFTA.			
12. Fee Calculation:			
Licence Fee:	=	\$25.00	(a)
No. of Sets of Decals: _____	X \$25 =	_____	(b)
Total =			(a+b)

Please make cheque payable to the "Minister of Finance - Prince Edward Island" and remit with this application.

Section B – Certification / Authorization / Consent		
<p>The applicant agrees to comply with reporting, payment, record keeping and licence display requirements as specified in the International Fuel Tax Agreement and consent to inspections under the <i>Gasoline Tax Act</i>. Failure to comply with these requirements shall be grounds for revocation of the IFTA licence in all member jurisdictions.</p> <p>The applicant authorizes the Government of Prince Edward Island to withhold any refund of tax overpayment if delinquent taxes are due any member IFTA jurisdiction.</p> <p>The applicant grants permission for the release of information to other member jurisdictions and to International Fuel Tax Association, Inc. (IFTA, Inc.), an association that administers the IFTA on behalf of its member jurisdictions. This information includes all information acquired from the administration of IFTA.</p> <p>The applicant grants permission for the release of information to the PEI International Registration Plan (IRP) office for the purpose of administering IRP registrations.</p> <p>I certify that I fully understand what is required of me and I certify that the information contained in this application is, to the best of my knowledge, true, accurate and complete and any falsification subjects me to appropriate civil and/or criminal sanction.</p>		
_____		_____
Full Name (please print)		Title
_____		_____
Signature	Date	Telephone

Section C – For office use only		
Decal Numbers: _____		Access No.: _____
Payment Type: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/>	Date: _____	Initials: _____

List below the Vehicle Identification Number, Year, Make and Model of each vehicle that qualifies to be registered under IFTA. If you require more space, attach a separate sheet.

Special Diesel:

	Vehicle Identification Number (VIN)	Year	Make	Model
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

Gasoline:

1.				
2.				
3.				

Other (Please indicate fuel type):

1.				
2.				
3.				