Government of Newfoundland and Labrador
Department of Finance
Tax and Fiscal Policy Branch
Tax Administration Division

APPLICATION FOR REGISTRATION OF A INTERJURISDICTIONAL CARRIERS LICENCE

Under the *INTERNATIONAL FUEL TAX AGREEMENT (IFTA)*

PLEASE TYPE OR PRINT IN INK WHEN COMPLETING THIS FORM AND FORWARD TO

DEPARTMENT OF FINANCE, TAX ADMINISTRATION DIVISION

Email : taxregistration@gov.nl.ca OR Mail: PO BOX 8700, ST. JOHN'S, NL A1B 4J6

All fields are required to be completed, unless specified.

SECTION A: BUSINESS INFORMATION

PLEASE CHECK BOX BELOW TO INDICATE BUSINESS TYPE:

☐ Association ☐ Corporation (attach copy of Certificate of Incorporation) ☐ Joint Venture

☐ Proprietorship ☐ Partnership (provide copy of Agreement) ☐ Other (specify) _____

TAX REMITTER NUMBER (registered under a Provincial Tax Program)	# # # # # #
FEDERAL BUSINESS NUMBER	# # # # # # # # #
LEGAL NAME	
TRADE NAME (if your business operates under a name other than the legal name)	
FISCAL YEAR END	D D Y Y
COMMENCEMENT DATE OF BUSINESS	M M D D Y Y
COMMENCEMENT DATE OF BUSINESS IN NL, if different from above	M M D D Y Y

SECTION B: CONTACT INFORMATION

COMPLETE MAILING ADDRESS (For Returns & other correspondence from Tax Administration)

ATTN: (If desired)

Street/Box	Town/City	Prov/State	Postal/Zip Code

PHYSCIAL BUSINESS LOCATION (For Licences/Permits)

Street Address	Town/City	Prov/State	Postal/Zip Code

Location Contact Information:

Contact Name	Title

Email

Phone	Fax

PHYSICAL ACCOUNTING RECORDS STORAGE LOCATION (if different than Physical Business Location above)

Street Address	Town/City	Prov/State	Postal/Zip Code

Accounting Contact Information:

Contact Name	Title

Email

Phone	Fax

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SECTION C: BANKING INFORMATION

Bank Institution Name			
Street/Box	Town/City	Prov/State	Postal/Zip Code
Institution Number	Branch/Transit Number	Account Number	

SECTION D: OWNERS AND DIRECTORS

Please provide separate sheet, if necessary

1	Name	Title

Please Check the Appropriate Box: ☐ Owner ☐ Partner ☐ Director ☐ Officer ☐ Other (specify) _____

Email			
Phone		Date of Birth	
Street/Box	Town/City	Prov/State	Postal/Zip Code

2	Name	Title

Please Check the Appropriate Box: ☐ Owner ☐ Partner ☐ Director ☐ Officer ☐ Other (specify) _____

Email			
Phone		Date of Birth	
Street/Box	Town/City	Prov/State	Postal/Zip Code

SECTION E: IFTA CARRIER PROGRAM SPECIFICS

All fields are required to be completed, unless specified.

i) Do you have an IFTA Carrier Licence in another Jurisdiction? ☐ Yes *Please provide below ☐ No

*If you answered yes above, please provide Jurisdiction(s):

ii) Type of fuels used in the qualified motor vehicles you own or operate: ☐ DIESEL ☐ GASOLINE ☐ PROPANE

iii) REGISTRATION AND DECAL FEES **Pay fees online by Debit or Credit Card at: www.gov.nl.ca/onlineservices/**

1. Search *International Fuel Tax Agreement (IFTA) Licence Fees and Decals* from the **Business and Industry** category
2. Complete the required fields then **Add to Shopping Cart** both Licence and Decal Fee, *indicating quantity*

	A				B
Annual Reg. Fee	$100	Total Sets of Decals Required ($25 per vehicle)	$25	X	=
TOTAL FEE PAID (A + B)	$		**TRANSACTION #**		

****PLEASE ENSURE TO EMAIL OR MAIL YOUR COMPLETED APPLICATION, ALONG WITH A COPY OF YOUR PAYMENT RECEIPT****

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iii) JURISDICTIONS

Using a check mark (✓), indicate the Jurisdiction(s) below where you intend to operate qualified motor vehicles under this Licence, as well as where Bulk Fuel Storage is kept.

JURISDICTION	OPERATE	BULK FUEL STORAGE	JURISDICTION	OPERATE	BULK FUEL STORAGE
ALABAMA			NEW BRUNSWICK		
ALASKA			NEW HAMPSHIRE		
ALBERTA			NEW JERSEY		
ARIZONA			NEW MEXICO		
ARKANSAS			NEW YORK		
BRITISH COLUMBIA			NEWFOUNDLAND & LABRADOR		
CALIFORNIA			NORTH CAROLINA		
COLORADO			NORTH DAKOTA		
CONNECTICUT			NORTHWEST TERRITORIES		
DELAWARE			NOVA SCOTIA		
DISTRICT OF COLUMBIA			NUNAVUT		
FLORIDA			OHIO		
GEORGIA			OKLAHOMA		
HAWAII			ONTARIO		
IDAHO			OREGON		
ILLINOIS			PENNSYLVANIA		
INDIANA			PRINCE EDWARD ISLAND		
IOWA			QUEBEC		
KANSAS			RHODE ISLAND		
KENTUCKY			SASKATCHEWAN		
LOUISIANA			SOUTH CAROLINA		
MAINE			SOUTH DAKOTA		
MANITOBA			TENNESSEE		
MARYLAND			TEXAS		
MASSACHUSETTS			UTAH		
MICHIGAN			VERMONT		
MINNESOTA			VIRGINIA		
MISSISSIPPI			WASHINGTON		
MISSOURI			WEST VIRGINIA		
MONTANA			WISCONSIN		
NEBRASKA			WYOMING		
NEVADA			YUKON		

SECTION F: CERTIFICATION

Under penalties of perjury, the applicant declares that the information in this application is certified to be true, accurate and complete to the applicant's best knowledge and belief. The applicant agrees to comply with the reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax Agreement (IFTA) and the Revenue Administration Act. The applicant authorizes the Department of Finance to remit taxes owing to other IFTA jurisdictions on their behalf and to withhold any refund or tax overpayment, if delinquent taxes are due any member IFTA jurisdiction. The applicant understands that failure to comply with these provisions shall be grounds for revocation of the IFTA license in all jurisdictions.

IMPORTANT This application must be signed by: A. The Owner - if Proprietorship;

OR B. Two Partners - if a Partnership;

OR C. Two Officers/Directors - if a Corporation

Name - Please Print	Title
Signature	Date M M D D Y Y
Name - Please Print	Title
Signature	Date M M D D Y Y

Privacy and Confidentiality Notice

This information is collected for the purpose of the Department of Finance to process applications under the Revenue Administration Act. All information you provide, both personal and business related, will be kept confidential and compliant with the Access to Information and Protection of Privacy Act, 2015 (www.assembly.nl.ca/Legislation/sr/statutes/a01-2.htm).

If you have any questions regarding privacy and confidentiality, please contact the Tax Administration Division toll free at 1-877-729-6376 or taxadmin@gov.nl.ca