

**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](mailto: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										
<b>PLEASE CHECK BOX BELOW TO INDICATE BUSINESS TYPE:</b>										
<input type="checkbox"/> Association <input type="checkbox"/> Corporation (attach copy of Certificate of Incorporation) <input type="checkbox"/> Joint Venture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership (provide copy of Agreement) <input type="checkbox"/> Other (specify) _____										
<b>TAX REMITTER NUMBER</b> (registered under a Provincial Tax Program)						#	#	#	#	#
<b>FEDERAL BUSINESS NUMBER</b>				#	#	#	#	#	#	
<b>LEGAL NAME</b>										
<b>TRADE NAME</b> (if your business operates under a name other than the legal name)										
<b>FISCAL YEAR END</b>						M	M	D	D	Y
<b>COMMENCEMENT DATE OF BUSINESS</b>						M	M	D	D	Y
<b>COMMENCEMENT DATE OF BUSINESS IN NL</b> , if different from above						M	M	D	D	Y
SECTION B: CONTACT INFORMATION										
<b>COMPLETE MAILING ADDRESS</b> (For Returns & other correspondence from Tax Administration)										
ATTN: (If desired)										
Street/Box				Town/City			Prov/State		Postal/Zip Code	
<b>PHYSICAL BUSINESS LOCATION</b> (For Licences/Permits)										
Street				Town/City			Prov/State		Postal/Zip Code	
Location Contact Information:										
Contact Name						Title				
Email										
Phone						Fax				
<b>PHYSICAL ACCOUNTING RECORDS STORAGE LOCATION</b> (if different than Physical Business Location above)										
Street				Town/City			Prov/State		Postal/Zip Code	
Accounting Contact Information:										
Contact Name						Title				
Email										
Phone						Fax				

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: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Other (specify) _____					
Email					
Phone			Date of Birth		
Street/Box	Town/City	Prov/State	Postal/Zip Code		
2	Name	Title			
Please Check the Appropriate Box: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Other (specify) _____					
Email					
Phone			Date of Birth		
Street/Box	Town/City	Prov/State	Postal/Zip Code		
SECTION E: IFTA CARRIER PROGRAM SPECIFICS					
<b><u>All fields are required to be completed, unless specified.</u></b>					
i) Do you have an IFTA Carrier Licence in another Jurisdiction? <input type="checkbox"/> Yes <b>*Please provide below</b> <input type="checkbox"/> No					
<b>*If you answered yes above, please provide Jurisdiction(s):</b>					
ii) Type of fuels used in the qualified motor vehicles you own or operate: <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> PROPANE					
iii) REGISTRATION AND DECAL FEES <b>Pay fees online by Debit or Credit Card at: <a href="http://www.gov.nl.ca/online/services/">www.gov.nl.ca/online/services/</a></b>					
1. Search <i>International Fuel Tax Agreement (IFTA) Licence Fees and Decals</i> from the <b>Business and Industry</b> category					
2. Complete the required fields then <b>Add to Shopping Cart</b> both Licence and Decal Fee, <i>indicating quantity</i>					
Annual Reg. Fee	<b>A</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>\$100</b></div>	Total Sets of Decals Required (\$25 per vehicle)	<b>\$25   X</b>	<b>=</b>	<b>B</b> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>
<b>TOTAL FEE PAID (A + B)</b>		<b>\$</b> <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	<b>TRANSACTION #</b>		
<b>**PLEASE ENSURE TO EMAIL OR MAIL YOUR COMPLETED APPLICATION, ALONG WITH A COPY OF YOUR PAYMENT RECEIPT**</b>					

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](http://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](mailto:taxadmin@gov.nl.ca)