



**APPLICATION FOR REGISTRATION - INTERJURISDICTIONAL CARRIERS  
 INTERNATIONAL FUEL TAX AGREEMENT (IFTA)**

PLEASE TYPE OR PRINT IN INK WHEN COMPLETING THIS FORM.  
 <<PLEASE NOTE: Processing Time - Approx 4-6 weeks>>

**SECTION 1: LICENSE TO BE ISSUED TO NAME AND ADDRESS, AS BELOW:**

LEGAL NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_ REMITTER # (If currently registered): \_\_\_\_\_

TYPE OF BUSINESS: PROPRIETORSHIP \_\_\_ C CORPORATION \_\_\_ PARTNERSHIP \_\_\_ OTHER \_\_\_

NOTE: Attach Certificate of Incorporation if corporation and a new applicant.

MAILING ADDRESS				PHYSICAL LOCATION ADDRESS			
				ACCOUNTING RECORDS LOCATION ADDRESS			
			POSTAL CODE				
TELEPHONE NUM BER		FACSIMILE NUMBER		CONTACT:		TELEPHONE NUM BER	
( )		( )		( )		( )	
FEDERAL BUSINESS NUM BER				EMAIL ADDRESS			

**SECTION 2: OWNERSHIP**

**PLEASE IDENTIFY OWNERS, PARTNERS OR CORPORATE OFFICERS BELOW:**

Name, Phone Number, and Email Address: \_\_\_\_\_

Name, Phone Number, and Email Address: \_\_\_\_\_

Name, Phone Number, and Email Address: \_\_\_\_\_

Name, Phone Number, and Email Address: \_\_\_\_\_

**SECTION 3: FEES**

<b>A</b>	<b>B</b>
Annual Registration Fee <input type="text" value="\$100.00"/>	Total Sets of Decals Required <input type="text" value="\$25.00 x _____ = _____"/> ((\$25.00 per Vehicle (2 decals))
Total Amount Paid: <input type="text"/>	
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiry Date: _____	
Credit Card Number: _____ Signature: _____	
<b>**Please make cheque/money order payable to: Newfoundland Exchequer.**</b>	

**SECTION 4: CARRIER INFORMATION**

1. DO YOU HAVE AN IFTA LICENSE IN ANOTHER JURISDICTION? YES  NO

If yes please indicate the jurisdiction(s) \_\_\_\_\_

2. PLEASE INDICATE THE TYPE OF FUELS USED IN THE QUALIFIED MOTOR VEHICLES YOU OWN OR OPERATE:

DIESEL  GASOLINE  PROPANE

**SECTION 4: CARRIER INFORMATION (continued)**

**3. INDICATE BELOW USING A CHECK MARK, THE JURISDICTION(S) WHERE YOU INTEND TO OPERATE QUALIFIED MOTOR VEHICLES AND WHERE YOU MAINTAIN BULK FUEL STORAGE:**

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

**SECTION 5: 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.

This application must be signed by:

- A. The Owner - if a Proprietorship; or
- B. Two Partners - if a Partnership; or
- C. Two Officers/Directors - if a Corporation

<b>NAME (Please Print)</b>	_____	<b>TITLE</b>	_____
<b>SIGNATURE</b>	_____	<b>DATE</b>	_____
<b>NAME (Please Print)</b>	_____	<b>TITLE</b>	_____
<b>SIGNATURE</b>	_____	<b>DATE</b>	_____

***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.*

**Completed registration forms and enquiries may be directed to the address below:**

Department of Finance  
Tax Administration Division  
Confederation Building, 3rd Floor, East Block  
P.O. Box 8720  
St. John's NL A1B 4K1  
Telephone: 1-877-729-6376  
Fax: (709) 729-2856  
E mail: [taxadmin@gov.nl.ca](mailto:taxadmin@gov.nl.ca)