

INTERNATIONAL FUEL TAX AGREEMENT - IFTA REGISTRATION

To be completed by carriers that allocate income to Alberta for income tax purp plated in Alberta and travel in at least one other IFTA member jurisdiction. This for be sent to: TAX AND REVENUE ADMINISTRATION, 9811 109 STREET, ED 780-427-3044. If calling long distance within Alberta, call 310-0000 then entrapplication are completed, otherwise processing may be delayed. Business Ide	orm together with the annual DMONTON AB T5K 2L5. If	registration and decal f you require assistance	fee must e, phone			
Reason for Application (check one): New Amalgamation	Renewal (Prior to end of Februa	ry of Licence Year)			
1 Full Legal Name of Corporation, Partnership or Individual (surname, first name)	7 For Office	Use Only 07	REGN			
2 Operating Name of Business (only if different from above)	8 Alberta Motor Vehicle Identification Number (Client's MVID, additional MVIDs see Box 20): (from Apportioned Cab Card)					
3 Type of Ownership (please check)	1 ,					
Corporation: Alberta Corporate Account Number	9 Alberta Prorate Account Number: (from Apportioned Cab Card) if applicable					
Partnership (Number of partners:)	A.B.					
Individual (i.e. Proprietorship)	10 Registration Request	ed for licence Year:				
Other (specify):		2.0				
4 Specify all of the jurisdictions in which you maintain bulkstorage of fuel:	11 Do you use marked for "Qualified Motor Vehi	uel in any IFTA cles"?				
5. Licence and decals will be mailed unless indicated otherwise:	(See notes on page 2 for d	, <u> </u>	No			
Courier or Pick-up	If "Yes", for what purp	iose [*] ?				
Please provide contact name and phone number. We will contact you when the package is ready.	12 Number of "Qualified Motor Vehicles" requiring decals (Include vehicles leased to you for which you have agreed to report and pay the fuel tax):					
Out to the second of the secon						
Contact name and phone number 6 Please list your truck activities:						
(ie. drilling, heavy equipment hauling, goods hauling, PTO power take off)	13 Number of sets of decals requested: (One decal set for each qualified vehicle. Minimum required is one set.)					
DO NOT provide any credit card information. We do not accept credit email. Please submit payment with the registration form.	· · · · · · · · · · · · · · · · · · ·	-	, fax or			
Please complete page 2 and the Payme	ent Advice below.					
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Treasury Board and Finance IFTA AI Tax and Revenue Administration	NNUAL REGISTRAT	ON AND DECAL PAYMENT AD				
Submit		[
with Payment Business Identification Number (BII	N):	07R	REGN			
Legal Name						
(per line 1 above)						
		Amount				
Annual Registration Fee		\$ 15	00			
Decal Fee \$10.00 x sets of decals =		\$	00			
(minimum requirement is one set per vehicle) Total Annual IFTA Fees (annual registration fee + decal fee)						
i otal Allitual IF LA Fees (annual registration fee + decal fee)			00			

Lega	Name:		Number (C	lient's MVID):					
14	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		rr IFTA tax returns, specify the agent's name and we an agent, leave this blank. Telephone Number		nd telephone number below and your tax E-mail address				
15 •	Carrier Mailing Address: Complete if you do not have an IFTA agent OR if you wish to have your refund cheques, licence, decals and correspondence sent to a different address from your IFTA agent's address (P.O. box numbers are not acceptable for courier delivery). If you wish to have EVERYTHING sent to your agent, leave this address blank. City/Town Prov/State Postal/ZIP Code								
	Street		City/Town		Piovisiale	FOStal/ZIF Code			
Cont	act Person T	elephone Number)	Fax Number		E-mail Add	lress			
15a	Physical Location (If different fr Location	om mailing address) E.g. street	, land location, etc.: City/Town		Prov/State	Postal/ZIP Code			
16 •	Location of Books and Reco Street	rds (If different from mailing ad	dress): City/Town		Prov/State	Postal/ZIP Code			
17 •	7 Name and Address of Business Bank:								
	Street		City/Town		Prov/State	Postal/ZIP Code			
18	List the Authorized Signing (Name	Officers of your Business: Address		Telephone		Position			
19 •	Has your IFTA licence ever I If "Yes", specify which jurisd	•	by any jurisdiction	on'?	Yes	No No			
20	20 Additional Alberta Motor Vehicle Identification Number for Partnerships (Client's MVID):								
CERTIFICATION I hereby agree to comply with the reporting, payment, record keeping and licence display requirements as specified in the International Fuel Tax Agreement (IFTA). Failure to comply with these provisions shall be grounds for revocation of licence in all member jurisdictions. I agree that the Province of Alberta may withhold any refunds due if payment of fuel taxes, penalties and interest due is delinquent for any member jurisdiction. I agree that the information given on this application is, to the best of my knowledge, true, accurate and complete.									
N	ame (print):			Position:					
Si	ignature:	Da	ate:	Phone Nu	mber:				

Alberta Motor Vehicle Identification

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Note: "Qualified Motor Vehicle" means a motor vehicle used, designed, or maintained for transportation of persons or property and that

- (1) has two axles and a gross vehicle weight or registered gross vehicle weight exceeding 11,797 kilograms (26,000 lbs); or
- (2) has three or more axles regardless of weight; or
- (3) is used in combination with a trailer when the weight of such a combination exceeds 11,797 kilograms (26,000 lbs).

"Qualified Motor Vehicle" does not include a recreational vehicle.

Personal information is collected on this form for the purpose of administering the International Fuel Tax Agreement and the Fuel Tax Act. It is collected under the authority of section 4 of the Fuel Tax Act and section 33(c) of the Freedom of Information and Protection of Privacy Act. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. Questions about the collection of this information should be directed to the telephone numbers and address listed.