



Finance, Energy and  
Municipal Affairs  
Taxation and  
Property Records

## Application for International Fuel Tax Agreement (IFTA) Licence

(Pursuant to the Prince Edward Island Gasoline Tax Act R.S.P.E.I. 1988)

**Mail to:**

Finance, Energy and Municipal Affairs  
Taxation and Property Records  
PO Box 1150, Charlottetown, PE C1A 7M8  
Tel: (902) 569 7541 Fax: (902) 368 6164

**Deliver to:**

95 Rochford Street  
Shaw Building, 1<sup>st</sup> Floor South  
Charlottetown, PE C1A 3T6  
or: any Access PEI Centre

**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, Corporate and Tax Administration Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Email: [taxandland@gov.pe.ca](mailto:taxandland@gov.pe.ca)  
Web site: [www.taxandland.pe.ca](http://www.taxandland.pe.ca)

Section A – Company Information			
1. Legal Name: _____			
2. Trade Name (if different from legal name): _____			
3. Check Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
4. Business Location (Civic Address): _____			
5. Mailing Address: _____ <i>(Street/PO Box/Rural Route)</i>		_____ <i>(City/town/community)</i>	
_____ <i>(Province)</i>		_____ <i>(Postal Code)</i>	
6. Location of Records: _____			IFTA No.: _____
7. Telephone: _____	Cell: _____	Fax: _____	Email: _____
8. 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 No If yes, has that licence ever been revoked?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			
9. 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: _____			
10. 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) of each vehicle that qualifies to be registered under IFTA.			
11. Fee Calculation:			
Licence Fee:	=	\$25	(a)
No. of Sets of Decals: _____	x \$25 =	_____	(b)
Total =		(a+b)	

**Please make cheque payable to the “Minister of Finance, Energy and Municipal Affairs” and remit with this application.**

Section B – Certification / Authorization / Consent		
The applicant agrees to comply with reporting, payment, record keeping and licence display requirements as specified in the International Fuel Tax Agreement. Failure to comply with these requirements shall be grounds for revocation of the IFTA licence in all member jurisdictions.		
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.		
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.		
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.		
_____ 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 of each vehicle that qualifies to be registered under IFTA. If you require more space, attach a separate sheet.

**Special Diesel:**

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**Gasoline:**

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**Other (Please indicate fuel type):**

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