



INTERNATIONAL FUEL TAX AGREEMENT - IFTA REGISTRATION

To be completed by carriers that allocate income to Alberta for income tax purposes and operate "Qualified Motor Vehicles" that are base-plated in Alberta and travel in at least one other IFTA member jurisdiction. This form together with the annual registration and decal fee must be sent to: TAX AND REVENUE ADMINISTRATION, 9811 109 STREET, EDMONTON AB T5K 2L5. If you require assistance, phone 780-427-3044. If calling long distance within Alberta, call 310-0000 then enter 780-427-3044. Fax 780-427-0348. Ensure all areas of application are completed, otherwise processing may be delayed.

Business Identification Number (BIN):

Reason for Application (check one): New Amalgamation Renewal (Prior to end of February of Licence Year)

1. Full Legal Name of Corporation, Partnership or Individual (surname, first name): ■	7. For Office Use Only
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): ■ <input type="checkbox"/> Corporation Alberta Corporate Account Number (CAN) (enter the 9 or 10 digit number) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership, number of partners: _____ <input type="checkbox"/> Other (please specify): _____	9. Alberta Prorate Account Number: ■ (from Apportioned Cab Card) if applicable <div style="border: 1px solid black; padding: 2px; display: inline-block;">AB</div>
4. Specify all of the jurisdiction in which you maintain bulk storage of fuel: ■	10. Registration Requested ■ for licence Year:
5. All licences and decals will be MAILED due to the ongoing COVID-19 health crisis. Ensure box 15 on page 2 reflects the correct mailing address if applicable.	11. Do you use marked fuel in any IFTA "Qualified Motor Vehicles"? ■ (See notes on page 2 for definition) <input type="checkbox"/> No <input type="checkbox"/> Yes
6. Please list your truck activities: (i.e. drilling, heavy equipment hauling, goods hauling, PTO power take off) _____ _____	12. Number of "Qualified Motor Vehicles" requiring decals: ■ (Include vehicle leased to you for which you have agreed to report and pay the fuel tax) _____
	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 card payment information via paper, telephone, fax or email. Please submit payment with the registration form.

AT2054 (Oct-20)

Please complete the Payment Advice below if you are submitting a cheque or money order.

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IFTA DECAL FEE PAYMENT ADVICE

Submit with Payment

Legal Name: _____

BIN: _____

	Amount	
Annual Registration Fee	\$	15 00
Decal Fee \$10.00 x _____ sets of decals = (Minimum requirement is one set per vehicle)	\$	00
Total Annual IFTA Fees (annual registration fee + decal fee)	\$	00

Make cheque or money order payable in Canadian funds to the Government of Alberta

Legal Name: _____

MVID: _____

14. IFTA Agent Information: If an authorized agent prepares your IFTA tax returns, specify the agent's name and telephone number below and your tax returns and statements will be sent to your agent. If you do not have an agent, leave this blank.

Agent's Name:	Telephone:	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.

Mailing Address:	City/Town:	Prov/State:	Postal/Zip Code:
Contact Person:	Telephone:	Fax:	E-mail Address:

16. Physical Location (If different from mailing address) E.g. street, land location, etc:

	City/Town:	Prov/State:	Postal/Zip Code:

17. Location of Books and Records (If different from mailing address):

	City/Town:	Prov/State:	Postal/Zip Code:

18. Name and Address of Business Bank:

	City/Town:	Prov/State:	Postal/Zip Code:

19. List of Authorized Signing Officers of your Business:

Name	Address	Telephone	Position

20. Has your IFTA licence ever been revoked/suspended by any jurisdiction? Yes No

 ▪ If "Yes", specify which jurisdiction(s): _____

21. 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.

Name: _____	Position: _____
Signature: _____	Date: _____
Authorized Representative	YYYY/MM/DD
	Telephone: _____

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).