



Ministry of Finance
33 King St W
PO Box 620
Oshawa ON L1H 8E9

Enquiries: 1-866-ONT-TAXS (1-866-668-8297)
1-800-263-7776 Teletypewriter (TTY)

Application to Register for Importer, Exporter and Interjurisdictional Transporter

Gasoline Tax Act and/or Fuel Tax Act

1. Applicant

Legal Name		Language of Choice <input type="checkbox"/> English <input type="checkbox"/> French
Business or Trade Name	<input type="checkbox"/> Same as Legal Name	
Business No.		

2. Business Address

Unit/Apt/Suite	Street Number and Name		Lot/Concession/RR No./Postal Stn	
City/Town		Province/State	Country	Postal/Zip Code
(Area Code) Business Telephone No.	Fax No.	Email Address		

3. Mailing Address ☐ Same as Business Address

Unit/Apt/Suite	Street Number and Name		Lot/Concession/RR No./Postal Stn	
City/Town		Province/State	Country	Postal/Zip Code

4. Head Office Address ☐ Same as Business Address ☐ Same as Mailing Address

Unit/Apt/Suite	Street Number and Name		Lot/Concession/RR No./Postal Stn	
City/Town		Province/State	Country	Postal/Zip Code

5. Type of Legal Entity Check ☒ applicable box (one only):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Association | <input type="checkbox"/> Non-Share Corporation |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Co-operative | <input type="checkbox"/> Trust |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Joint Venture | |

6. List all Owners, Partners, Officers and/or Directors

Name (First, Last Name)	Title	(Area Code) Telephone No.

If insufficient space, attach list

7. Contact Person(s)

Name (First, Last Name)		Title		
(Area Code) Business Telephone No.		Fax No.		
Email Address				
Unit/Apt/Suite	Street Number and Name/PO Box/Postal Stn/Rural Route	City/Town	Province/State	Postal/Zip Code

Document(s) this contact person should receive. (Check ☒ applicable boxes.)

- ☐ All or specify: ☐ Application ☐ Assessment ☐ Renewals ☐ Returns

Name (First, Last Name)		Title		
(Area Code) Business Telephone No.		Fax No.		
Email Address				
Unit/Apt/Suite	Street Number and Name/PO Box/Postal Stn/Rural Route	City/Town	Province/State	Postal/Zip Code

Document(s) this contact person should receive. (Check ☒ applicable boxes.)

- ☐ All or specify: ☐ Application ☐ Assessment ☐ Renewals ☐ Returns

8. Importer Registration Certification

Complete if you propose to import gasoline and/or fuel products **in bulk into Ontario** and are applying for an Importer Registration Certificate under the *Gasoline Tax Act* and/or *Fuel Tax Act*.

List the details for each Gasoline and/or Fuel Type purchased below:

Gasoline Product Type	Litres Imported in the last 12 months	Estimated Litres to be Imported in the next 12 months	Jurisdiction Product Imported from (Province/State/Country)
Gasoline			
Ethanol Blended Gasoline			
Denatured Fuel Ethanol			
Aviation Fuel			
Propane			

Fuel Product Type

Clear Fuel			
Coloured Fuel			
Kerosene			
Bio-Diesel			

9. Exporter Registration Certification

Complete if you propose to Export gasoline and/or fuel products **in bulk out of Ontario** and are applying for an Exporter Registration Certificate under the *Gasoline Tax Act* and/or *Fuel Tax Act*.

List the details for each Gasoline and/or Fuel Type purchased below:

Gasoline Product Type	Litres Exported in the last 12 months	Estimated Litres to be Exported in the next 12 months	Jurisdiction Product Exported from (Province/State/Country)
Gasoline			
Ethanol Blended Gasoline			
Denatured Fuel Ethanol			
Aviation Fuel			
Propane			

Fuel Product Type

Clear Fuel			
Coloured Fuel			
Kerosene			
Bio-Diesel			

10. **Common Carrier Information** - List transporter(s) who will transport your product(s) into and/or out of Ontario below:

Name of Transporter	Street No. and Name	City/Town	Province/State	Postal/Zip Code

If insufficient space, attach list

11. **Supplier Information** - List supplier(s) that you will purchase or obtain gasoline and/or fuel from:

Supplier Name	Street No. and Name	City/Town	Province/State	Postal/Zip Code

If insufficient space, attach list

12. **Bulk Storage Location** - For each location in Ontario, list the bulk storage facility details:

Address of Storage Facility			Product Type Stored	Storage Tank Capacity	Owned or Leased
Street No. and Name					<input type="checkbox"/> Owned
City/Town	Province	Postal Code			<input type="checkbox"/> Leased from Others
					<input type="checkbox"/> Leased to Others
Street No. and Name					<input type="checkbox"/> Owned
City/Town	Province	Postal Code			<input type="checkbox"/> Leased from Others
					<input type="checkbox"/> Leased to Others
Street No. and Name					<input type="checkbox"/> Owned
City/Town	Province	Postal Code			<input type="checkbox"/> Leased from Others
					<input type="checkbox"/> Leased to Others
Street No. and Name					<input type="checkbox"/> Owned
City/Town	Province	Postal Code			<input type="checkbox"/> Leased from Others
					<input type="checkbox"/> Leased to Others

If insufficient space, attach list

13. Interjurisdictional Transporter Registration Certificate

Complete if you propose to transport gasoline and/or fuel products in bulk into and/or out of Ontario and are applying for an Interjurisdictional Transporter Registration Certificate under the *Gasoline Tax Act* and/or the *Fuel Tax Acts*.

Product to be Transported:
(Check ☒ applicable boxes.)

Gasoline Product

- ☐ Gasoline
☐ Ethanol Blended Gasoline
☐ Denatured Fuel Ethanol
☐ Aviation Fuel
☐ Propane

Fuel Product

- ☐ Clear Fuel
☐ Coloured Fuel
☐ Kerosene

Mode of Product Transportation: ☐ Motor Vehicle ☐ Marine Vessel ☐ Railway ☐ Pipeline ☐ Other

please specify

Are you registered as an Interjurisdictional Carrier (IJC)? ☐ Yes ☐ No

If Yes, enter your International Fuel Tax Agreement (IFTA) Registration No.

If No, to obtain an **Application for International Fuel Tax Agreement (IFTA) Registration** visit our website at ontario.ca/ifta or contact the ministry at 1-866-ONT-TAXS (1-866-668-8297) or 1-800-263-7776 Teletypewriter (TTY).

14. Owner of Product Information - List importer(s) and/or exporter(s) that you will transport your product(s) for below:

Owner Name (Importer/Exporter)	Street No. and Name	City/Town	Province/State	Postal/Zip Code

If insufficient space, attach list

15. **Are you dealing in Bio-Diesel?** ☐ No ☐ Yes ►

If yes, please enter the Bio-Diesel Blend

16. **Date business commenced under your ownership**

Year Month Day

17. Direct Deposit

To enrol for direct deposit or to update your banking information, complete the following:

(You can find these numbers in your chequebook, on your bank statement or on a personal deposit slip or you can get them from your financial institution)

Branch No. (5 digits)	Institution No. (3 digits)	Account No. (maximum 12 digits)

By providing my banking information I authorize the Minister of Finance to deposit in the bank account number shown above any amounts payable to me by the Ministry of Finance, **for this program**, until otherwise notified by me.

I understand that this authorization will replace all of my previous direct deposit authorizations **for this program**.

18. **Certification**

I certify that I am an authorized signing officer and all information given in this application is true, correct and complete.

Note: The first application for registration must be signed by the owner, director or officer of the company.

First and Last Name (please print)	Title		
Signature	Year	Month	Day

It is an offence to make, participate in, assent to or acquiesce in the making of a false or deceptive statement in an application, as required under the *Fuel Tax Act* or Regulations and the *Gasoline Tax Act* or Regulations.

The personal information provided by you on this form is collected under the authority of the *Gasoline Tax Act* R.S.O. 1990, c. G.5 as amended and the *Fuel Tax Act* R.S.O. 1990 c.F.35 as amended, and will be used in the administration of the Acts. Questions about this collection may be directed to a Program Information Officer with the ministry at 1-866-ONT-TAXS (1-866-668-8297) or 1-800-263-7776 Teletypewriter (TTY).