



# APPLICATION FOR LETTER OF GOOD STANDING

under the *Consumption Tax Rebate and Transition Act*

**Instructions:**

- This form is for use in requesting a Letter of Good Standing for the purpose of applying to the Canada Revenue Agency for the PST Transitional New Housing Rebate.
- If you have any questions regarding this form, please call 1 877 388-4440 or email your questions to [CTBTaxQuestions@gov.bc.ca](mailto:CTBTaxQuestions@gov.bc.ca)
- Information is also available on the internet: [www.sbr.gov.bc.ca/ctb](http://www.sbr.gov.bc.ca/ctb)
- Please complete ALL applicable fields, failure to do so may delay the processing of your application

**Freedom of Information and Protection of Privacy Act (FOIPPA)**  
The personal information on this form is collected for the purpose of administering the *Consumption Tax Rebate and Transition Act* under the authority of both this Act and section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.) Email: [FOI.QRYS@gov.bc.ca](mailto:FOI.QRYS@gov.bc.ca)

**Please Note: A Letter of Good Standing is given solely for the purpose of applying to the Canada Revenue Agency for the PST Transitional New Housing Rebate, and does not release the applicant from any taxes, interest or penalties.**

1. LETTER OF GOOD STANDING REQUESTED BY: *(Name and address of firm making this application on behalf of the applicant)*

CONTACT NAME	TITLE	TELEPHONE NUMBER (    )
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2. SEARCH REQUIRED ON: *(Legal Name of Corporation, Association, all partners of a partnership or proprietorship)*

DOING BUSINESS AS NAME	BUSINESS NUMBER	INCORPORATION NUMBER – ORIGINAL JURISDICTION
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BUSINESS ADDRESS				
STREET	CITY	PROVINCE/STATE	COUNTRY	POSTAL/ZIP CODE

BUSINESS MAILING ADDRESS <i>(If different from above)</i>				
STREET	CITY	PROVINCE/STATE	COUNTRY	POSTAL/ZIP CODE

NAME OF AUTHORIZED REPRESENTATIVE	TITLE	TELEPHONE NUMBER (    )
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(✓) Check this box if you authorize ministry staff to correspond by fax and/or email with you or your representative

3. AUTHORIZATION TO RELEASE INFORMATION

Please note, in the event that a debt is identified subsequent to the issuance of a Letter of Good Standing, a copy of the Letter of Revocation will be forwarded to the Canada Revenue Agency to update their records.

I, \_\_\_\_\_, \_\_\_\_\_  
*(Name)* *(Title)*

authorize the release of information relating to this application for a Letter of Good Standing to the requester listed in Section 1.

SIGNATURE <b>X</b>	DATE SIGNED YYYY / MM / DD
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4. CERTIFICATION OF APPLICANT:

I declare that all information provided on this form and on all attached documents is true and correct to the best of my knowledge and belief.

SIGNATURE <b>X</b>	DATE SIGNED YYYY / MM / DD
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