

# Applying for your Parking Tax Registration Number

2025/07

## Step 1

Determine whether your business needs to be registered as a vendor.

## Step 2

Complete the application and provide all required documentation.

## Step 3

Submit your application using one of the following methods:

### By fax:

(778) 375-7828

### By mail:

Parking Tax Services, TransLink  
400 - 287 Nelson's Court,  
New Westminster, BC, V3L 0E7

### In person:

TransLink, 400 - 287 Nelson's Court,  
New Westminster, BC, V3L 0E7

If you fax your application, please do not mail the original. If you mail or deliver the completed form, please take a photocopy for your records.

## Step 4

If your application is approved, we will send you a confirmation email. A Certificate displaying your Parking Tax registration number will follow in the mail.

If you are not eligible, or your application contains incomplete information, a representative from Parking Tax Services will contact you by phone or email.

## WHEN TO REGISTER:

You are required to register with TransLink if you regularly sell parking rights in your course of business in TransLink's transportation service region, which is currently the boundaries of the Greater Vancouver Regional District (Metro Vancouver).

The Greater Vancouver Regional District (Metro Vancouver) includes:

- Anmore
- Belcarra
- Bowen Island
- Burnaby
- Coquitlam
- Delta
- Electoral Area A (UBC)
- Langley City
- Langley Township
- Lions Bay
- Maple Ridge
- New Westminster
- North Vancouver City
- North Vancouver District
- Pitt Meadows
- Port Coquitlam
- Port Moody
- Richmond
- Surrey
- Tsawwassen
- Vancouver
- West Vancouver
- White Rock

You must charge tax on the sale of parking rights, including rights sold through ticket vending machines, unless there is a specific exemption from tax. For details on exemptions, and when not to charge Parking Tax, see **Bulletin 105 - Motor Vehicle Parking** on our website at [translink/parkingtax](https://translink.ca/parkingtax).

## WHEN NOT TO REGISTER

You are not required to register with TransLink if you do not charge a fee or other consideration for parking rights in your course of business.

### Freedom of Information and Protection of Privacy Act (FOIPPA)

Any personal information requested on this form is collected by TransLink for the purpose of administering the Parking Tax. This is done in furtherance of TransLink's mandate under Part 7.1 the *South Coast British Columbia Transportation Act* and in accordance with Part 3 of FOIPPA. Questions regarding the collection and use of this information may be directed to: Revenue Program Clerk, TransLink, 400-287 Nelson's Court, New Westminster, BC, V3L 0E7 (Tel: 778-375-7829)(Email: [parkingtax@translink.ca](mailto:parkingtax@translink.ca)).

# Instructions for Completing the Application Form

2025/07

## ITEM 1

If your business is incorporated under the *Business Corporations Act* or other legislation, enter the name as it appears on the incorporation certificate. Record your incorporation certificate number. If your business is incorporated outside British Columbia, please provide a copy of your certificate of incorporation.

If your business is a partnership, list the full legal name of each partner and record the driver's licence number for each partner. If each partner is a company, provide the name of each company in the "Last Name, First Name" box and just provide the incorporation or the business license number of each company. If there are more than two partners, attach an additional page.

If your business is a sole proprietorship (an individual), enter your full legal name, your driver's licence number and record your business license number.

If your business is a registered society, enter the full name of the society as it is registered and record the society incorporation number.

If your business is a registered association, enter the full name of the association as it is registered and record the association incorporation number.

You must also provide the business name under which your business is conducted.

## ITEM 2

A federal Business Number (BN) is a unique 9-digit number provided by the Canada Revenue Agency (CRA) to identify your business by various government agencies. For more information, please contact the CRA directly at 1-800-959-5525 or visit their website at [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca)

## ITEM 3

If you are operating more than one business location, you will need separate accounts for each location. Submit a separate **Application for Registration as a Vendor for Parking Tax** for each location. If you want to apply for a consolidated account for all your locations, approval needs to be received from the Parking Tax Administrator. List all business locations and addresses on a separate page and attach with application form.

## ITEM 4

Enter the anticipated total amount of taxable sales of parking rights on a monthly basis. This allows TransLink to determine your Parking Tax Return filing frequency.

### Need More Information?

Telephone:

**(778) 375-7829** Mon-Fri 8:00am to 4:30pm

E-mail:

[parkingtax@translink.ca](mailto:parkingtax@translink.ca)

Website:

[www.translink.ca/parkingtax](http://www.translink.ca/parkingtax)



**Mailing Address:**  
 Parking Tax Services, TransLink,  
 400 - 287 Nelson's Court,  
 New Westminster, BC, V3L 0E7

**Fax Number:**  
 (778) 375-7828

DO NOT mail if sending by fax.

# APPLICATION FOR REGISTRATION AS A VENDOR FOR PARKING TAX

Issued by the South Coast British Columbia Transportation Authority ("TransLink")  
 Under the South Coast British Columbia Transportation Authority Act

Please type or print clearly and complete the form IN FULL.  
 Incomplete forms will be returned. Attach additional sheets if  
 more space is required.

OFFICE USE ONLY	TIN NUMBER	<b>REG</b>	REGISTRATION PROFILE NUMBER
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<b>1 Type of Ownership and Name - Choose One Only</b>			Incorporation Number - If not a BC Corporation, provide copy of certificate of incorporation
<input type="checkbox"/> Corporation	Corporation Name (Legal Entity Name)		
<input type="checkbox"/> Partnership <i>(List all Partners)</i>	Last Name, First Name	Driver's License Number	Incorporation/Business License Number
	Last Name, First Name	Driver's License Number	Incorporation/Business License Number
<input type="checkbox"/> Sole Proprietorship	Last Name, First Name	Driver's License Number	Business License Number
<input type="checkbox"/> Society	Society Name		Incorporation Number
<input type="checkbox"/> Association	Association Name		Incorporation Number

Name Under Which Business is Conducted (*Business name*)

<b>2</b> Federal Business Number (BN)	Location of Business (Primary)		Street
	City	Province/State	Postal/Zip Code
<i>Enter the first 9 digits of your BN</i>	Business Office Address		Street
	Province/State	Postal/Zip Code	City
		Business Phone Number ( )	Business Fax Number ( )
E-mail Address		Website Address	
Business Contact Name ( <i>if more than one contact, list secondary contact on a separate page</i> )			Business Contact Phone Number <i>(if different from above)</i>
<i>Last Name</i>	<i>First Name</i>	<i>Title</i>	
Business Mailing Address ( <i>if different from Business Office Address</i> ). Your Registration Certificate and all correspondence will be mailed to this address.			Postal/Zip Code
Street		City	Province/State

<b>3</b> Number of business locations in BC <input type="checkbox"/>	<i>If more than one location, you must submit a separate Application of Registration for each location</i>	I would like a consolidated Parking Tax Account for all locations ( <i>If YES, attach page listing all business locations and addresses</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
What best describes your nature of business			
<input type="checkbox"/> Parking Lots/ Garages	<input type="checkbox"/> Retail	<input type="checkbox"/> Colleges/ Universities	<input type="checkbox"/> Restaurants
<input type="checkbox"/> Hotels	<input type="checkbox"/> Airport	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Other - Describe _____

Will you be selling parking rights in the nature of your business within TransLink's service region? (*See list of areas on page 4*)  Yes  No

Date business will start selling taxable parking rights  _____	<b>4</b> Anticipated monthly revenue from selling parking rights  \$ _____
YYYY/MM/DD	\$

<b>5</b> If you have been previously registered for Parking Tax, please provide the following: Previous Business Name	Previous Parking Tax/SST Registration Number (Include first letter)
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**6 CERTIFICATION** - By completing this document, you are certifying that all the information it contains is true and complete.  
 You are advised that false information may result in penalties and/or prosecution.

Name - Please print	Signature	Title/position in company	Date Signed
	X		_____
			YYYY/MM/DD

If you are a third party, are you authorized to submit this application on behalf of the business? All third parties must provide the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to applicant	Phone Number ( )

**Please complete ALL fields to avoid delay in processing your application.**