



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

# NOTICE OF CHANGE

## BUSINESS NAME OR BUSINESS / LOCATION ADDRESS

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

**1** Indicate Parking Tax registration number for change

Registration Number: \_\_\_\_\_

**2** Current name on *Certificate of Registration*:  
 \_\_\_\_\_

**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).

**3 NAME CHANGE** - Check (✓) only one for change

Legal     Business     DBA    Changed Name: \_\_\_\_\_

**4 ADDRESS CHANGE** - Indicate (✓) applicable change and complete the information below

<input type="checkbox"/> Location(s) of Business changed <b>Change</b> Address To: (must include postal/zip code) <input type="checkbox"/> Business Office Address changed    _____ Street <input type="checkbox"/> Business Mailing Address changed    _____ City _____ Province/State _____ Postal/Zip Code _____	Effective date of change: _____ YYYY / MM / DD
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**Add** Location(s) of Business: \_\_\_\_\_

**Delete** Location(s) of Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5 NEW OWNERSHIP TYPE** - Indicate (✓) applicable change and complete the information below

<input type="checkbox"/> Proprietorship – <i>new application required</i> <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Name Change <input type="checkbox"/> Add Partners _____ _____ <input type="checkbox"/> Incorporation of a Proprietorship or Partnership - <i>new application required</i> _____ <input type="checkbox"/> Amalgamation <input type="checkbox"/> Delete Partners _____ _____	Effective date of change: _____ YYYY / MM / DD
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*Attach additional sheets if more space is required.*

**6 COMPLETE IF BUSINESS CLOSED**

Business Closed: \_\_\_\_\_  
 YYYY / MM / DD

Final Parking Tax Return remitted and Parking Tax paid

Certificate of Registration returned to TransLink

**7 COMPLETE IF BUSINESS SOLD**

Date of Sale: \_\_\_\_\_  
 YYYY / MM / DD

NAME OF PURCHASER \_\_\_\_\_

ADDRESS OF PURCHASER \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

**8 CERTIFICATION** – I certify that the information on this statement is correct to the best of my knowledge and belief and I understand that false information may result in penalties and/prosecution.

NAME _____	TITLE _____
TELEPHONE NO. _____	FAX NO. _____
(    )	(    )

# Important Information

2025/07

## Complete this form for the following:

- your business information has changed;
- your business location, office address or mailing address has changed;
- your business name or ownership name has changed;
- your business has been closed or sold.

**Parking Tax Services Fax Number: (778) 375-7828**

## Please refer to the instructions below to complete the form.

### ITEM 1

- Indicate the registration number of the account that the change applies to. You will find your registration number pre-printed on your Parking Tax Return.

### ITEM 2

- Indicate the current legal company name on your Certificate of Registration.

### ITEM 3

- Indicate the full company name that is being changed. (DBA stands for “doing business as”.)

### ITEM 4

- Indicate which address(es) you wish to have changed: location(s) of business, office, or mailing.
- Indicate the date on which the change will be occurring.
- Indicate if you want to add or delete business location(s).
- Indicate the full address, including street, city, province/state, postal/zip code, and country if outside of Canada.

### ITEM 5

- Indicate new ownership type.
- Indicate the date on which the change will be occurring.
- Change of ownership for Proprietorship, and Incorporation of a Proprietorship or Partnership will require a **new vendor registration form be submitted and a new registration number will be assigned.** Registration numbers are not transferable. Indicate if you want to add or delete partners to your partnership.

### ITEM 6

- If your business is being closed, indicate the date of closure and if the final return and Parking Tax has been remitted, and Certificate of Registration has been returned to TransLink.

### ITEM 7

- If the business was sold, indicate the date sold, and the name and address of the purchaser. We will need the information in case we need to contact the new owner for updating the business records.

### ITEM 8

- All changes must include the name and title of the person(s) applying for the change(s). Please print/type your name(s)/title(s). If we have any questions regarding these changes, we will contact you.

## Need More Information?

Telephone:

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

E-mail:

**parkingtax@translink.ca**

Website:

**www.translink.ca/parkingtax**