

**AIR TRAVELLERS SECURITY CHARGE ACT
APPLICATION FOR REFUND**

Claimant's name	
Mailing address	
City	Province/State
Country	Postal Code/Zip Code

Send this completed application to:
 CANADA REVENUE AGENCY
 OTHER LEVIES DIVISION
 SUMMERSIDE TAX CENTRE
 275 POPE ROAD
 SUMMERSIDE PE C1N 6E7

BEFORE YOU COMPLETE THIS APPLICATION, READ THE INSTRUCTIONS ON PAGES 2 AND 3

1 Account Number	2 Period covered (YYYY/MM/DD) From _____ To _____	3 Language of communication English <input type="checkbox"/> French <input type="checkbox"/>
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4. REASON FOR REFUND – Select only one reason per claim

1. Air transportation service not used

2. Charge paid in error

3. Other – Specify : _____

5. CLAIM CURRENCY: Canadian Other (specify) _____

6. REFUND AMOUNTS

Refund applied for	Refund Code	Amount claimed
Air Travellers Security Charge	49321	
GST/HST (if applicable)	4912901	
PST – Quebec (if applicable)	6966901	
7. TOTAL AMOUNT CLAIMED ►		

8. ACCOUNT AND REFUND QUESTIONS

What type of claimant are you?	<input type="checkbox"/> Traveller <input type="checkbox"/> Other (specify) _____
Have you previously filed an application for refund of the Air Travellers Security Charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are supporting documents attached to this claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you requested a refund/credit from the designated air carrier for the Air Travellers Security Charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you requested a refund from an insurance company for the Air Travellers Security Charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this application cover other individuals for whom you are authorized to claim on their behalf? (If yes, complete section 9 on page 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact name	Telephone number	Ext.
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CERTIFICATION

I, _____
 Print name _____ Title _____

certify that the amount claimed or any part of it has not been claimed before and the information on this application is correct and complete.

 Signature _____ Date (YYYY/MM/DD) _____ Telephone number _____ Ext. _____

INSTRUCTIONS FOR PAGE 1

Identification	Enter the legal name and mailing address of the business. For sole proprietorships, partnerships, and individuals, enter the first and last names of the individuals. For corporations, enter the legal name as stated on the articles of incorporation.
1. Account Number	Enter the Account Number that was assigned to you for refund purposes. If this refund relates directly to your Air Travellers Security Charge Account, enter that Account Number. If this is your first refund claim and it does not relate to a registered Air Travellers Security Charge Account, enter your 9-digit Business Number. If you do not have a Business Number, leave this section blank. A number will be assigned to you when your refund is processed.
2. Period covered	The "From" box should be the date of purchase of the first ticket this claim relates to. The "To" box should be the date of purchase of the last ticket this claim relates to. If this claim relates to only one ticket, or a group of tickets purchased on the same date, enter the same date in both the "From" and "To" boxes.
3. Language of communication	Check the appropriate box to indicate your language preference for communicating with us.
4. Reason for refund	Select the reason for refund: a) Air transportation service not used – in whole or in part. b) Charge paid in error – provide details. c) Other – could include more than one charge being paid for a continuous journey. A continuous journey is defined as a journey in which there are no stopovers between any legs of the journey. A stopover is defined as the disembarkation of an individual from an aircraft other than: <ul style="list-style-type: none"> • a disembarkation that is solely for the purpose of transferring to a connecting flight; or • a disembarkation that is in the course of a direct flight if the individual re-boards the aircraft to resume the flight. Note: If this application is being submitted by an individual who is a diplomat, an original copy of exemption Form E19 should accompany the application.
5. Claim currency	Check the appropriate box to indicate the currency used in sections 6 and 7. If you check "Other", specify currency.
6. Refund amounts	Enter the amount of refund(s) you are claiming in the appropriate row(s). Only the GST/HST and the PST (Quebec) applicable to the Air Travellers Security Charge are refundable on this application.
7. Total amount claimed	Add section 6 amounts and enter the total claimed amount in section 7.
8. Account and refund questions	Please answer all the questions in this section.
Contact name and telephone number	Enter the name and telephone number of the individual we may contact for information about the application.
Certification	An authorized person must sign this application, certifying that the information provided on it is correct and complete. We will only process the application if this section has been completed. If your application for refund of the Air Travellers Security Charge includes refund requests on behalf of other individuals, you must also complete section 9 on page 3.

9. OTHER INDIVIDUALS – (This section has to be completed if your application for refund of the Air Travellers Security Charge includes refund requests on behalf of other individuals; if 18 or older, individuals must sign this section)

Name of individual (Surname and first name)	Age Check (✓) if under 18	Authorization (sign below) I authorize the claimant to claim the Air Travellers Security Charge on my behalf

Note:

Subsection 33(4) of the *Air Travellers Security Charge Act* specifies that a refund will not be paid unless you file this application within two (2) years after the amount was paid.

Please allow us up to 60 days to process your application.

If you have obtained a refund or credit for this charge from a designated air carrier or from an insurance company, you are not eligible to apply for further refund from the Canada Revenue Agency.

If your application for refund of this charge from a designated air carrier or insurance company was refused, attach a copy of the letter of refusal.

All supporting documentation must be attached to your refund claim. Failure to include this documentation may result in your application being disallowed.

Acceptable documents include:

- a copy of the passenger itinerary (electronic ticket);
- the original portion of the unused ticket subject to refund; or
- a copy of the flight manifest, etc.

If you would like direct deposit, or if your direct deposit information has changed, complete Form E664, *Direct Deposit Request*, which can be found at www.cra.gc.ca/E/pbg/ef/e664/.

If you want us to deal with an individual or a firm about this application and you have not already done so, complete Form RC59, *Business Consent form*, which is available at www.cra.gc.ca/E/pbg/tf/rc59/. Select the RG (Air Travellers Security Charge) Program Identifier. Attach the completed consent form to this application for refund. Your consent will stay in effect until you cancel it or until it reaches the expiry date you provided. If you are a business owner, instead of submitting a consent form, you can give this consent by going online at www.cra.gc.ca/mybusinessaccount.

If you have any questions about filing this application for a refund, you can call us toll free from anywhere in Canada or the United States at **1-877-432-5472** (bilingual service) or from other countries at **902-432-5472** (we accept collect calls).