



Registration for the Tobacco Stamping Regime

This form is for use by tobacco licensees and prescribed persons who wish to register with the Tobacco Stamping Regime for the purpose of ordering excise stamps in accordance with the Excise Act, 2001. Please see the next page for instructions on how to complete this form and the privacy notice.

Type of registration		Register as		Language of communication	
<input type="checkbox"/> New		<input type="checkbox"/> A tobacco licensee		<input type="checkbox"/> English	
<input type="checkbox"/> Registration amendment (Provide changes)		<input type="checkbox"/> A prescribed person		<input type="checkbox"/> French	
Identification (if you are a corporation, enter the name and address of the head office)					
Legal name		Trade name (if applicable)		Business number (BN)	
Address					Postal code
Invoice address (If different)					Postal code
Contact person		Telephone number	Email address		
Type(s) of stamps requested (select all that apply)					
<input type="checkbox"/> Tobacco 50	<input type="checkbox"/> Tobacco 100	<input type="checkbox"/> Tobacco 200	<input type="checkbox"/> Cigarettes 20	<input type="checkbox"/> Cigarettes 25	
<input type="checkbox"/> Raw leaf tobacco	<input type="checkbox"/> Cigars	<input type="checkbox"/> Test stamps			
Request for user names and passwords (if you need more space, include the information on a separate sheet)					
Full name of user number 1		Position		Language of communication <input type="checkbox"/> English <input type="checkbox"/> French	
Do you wish to receive an email notification of approved orders? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Email Address					
Full name of user number 2		Position		Language of communication <input type="checkbox"/> English <input type="checkbox"/> French	
Do you wish to receive an email notification of approved orders? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Email Address					
Shipping information (if you need more space, include the information on a separate sheet)					
Name of site number 1			Business number (BN)		
Address (Authorized location)					Postal code
Invoice address (If different)					Postal code
Contact person		Position	Telephone number	Email address	
Name of site number 2			Business number (BN)		
Address (Authorized location)					Postal code
Invoice address (If different)					Postal code
Contact person		Position	Telephone number	Email address	
Certification					
Signature of authorized person		Name of authorized person		Position	Date (YYYYMMDD)
For internal use only					
Canada Revenue Agency (CRA) authorization			Order capacity		Date (YYYYMMDD)

Personal information is collected for purposes of the administration or enforcement of the Excise Act, 2001 ("the Act"), and its Regulations. The information collected may be used or disclosed for any purposes related to the administration or the enforcement of the Act including audit, compliance and collection activities. It may also be disclosed to other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 062 on Info Source at canada.ca/cra-info-source.

Instructions for completing the registration form for the tobacco stamping regime

For more information on the excise stamps order process, see Excise Duty Notice EDN29, Tobacco Stamping Regime – Excise Stamp Order Process

Type of registration	
New OR amendment	<ul style="list-style-type: none"> • Check the appropriate box as to whether this is a new application or an amendment to a registration. • If this is an amendment, provide the changes in a short covering letter.
Register as	
A tobacco licensee OR a prescribed person	<ul style="list-style-type: none"> • Check the appropriate box as to whether you are registering as a tobacco licensee or as a prescribed person who imports tobacco products. • For more information, see Excise Duty Notice EDN28, Becoming a Prescribed Person under the New Tobacco Stamping Regime
Identification	
Legal name and trade name	<ul style="list-style-type: none"> • Enter the legal name of the business. For sole proprietorships and partnerships, enter the first and last names of the individuals. For corporations, enter the legal name as stated on the articles of incorporation. • If applicable, add the trade name of the operation. • If you are applying as a tobacco licensee, enter the legal name indicated on the licence. • If you are applying as a prescribed person, enter the same legal name as used for importations.
Address, invoice address	<ul style="list-style-type: none"> • Enter the mailing address of the business. • If you have a different address for invoicing, please provide that address.
Business number (BN)	<ul style="list-style-type: none"> • Enter the 15-digit BN that was assigned to you for excise duty purposes.
Contact person, telephone and email	<ul style="list-style-type: none"> • Enter the name of the individual we can contact for information about this application, as well as their telephone number and email address.
Type(s) of stamps requested	
Check the appropriate box for all the types of stamps that you will be ordering for the package and product types that you are authorized under federal and provincial/territorial law to produce or import.	
Request for user names and passwords	
Name and position	<ul style="list-style-type: none"> • Enter the name and position of each person that will be authorized to order stamps on your behalf. • If you wish to have more than two users, please include a second page. It must be signed and dated by the authorized person who will sign the primary registration request.
Notification by email	<ul style="list-style-type: none"> • Check the appropriate box as to whether you wish to receive by email a confirmation of all stamp orders approved by the CRA. • Please note that you will always receive a confirmation of orders that are accepted with limitations or rejected.
Shipping information	
Name of site and address	<ul style="list-style-type: none"> • Stamps will only be shipped to authorized and approved locations. • Enter the name and mailing address of the place where the stamps will be shipped. • If you have a different address for invoicing, please provide that address. • In the case of tobacco licensees, stamps will be shipped only to locations licensed under the Excise Act, 2001. • In the case of prescribed persons, shipping sites will need to be approved by the CRA.
Business number (BN)	<ul style="list-style-type: none"> • Enter the 15-digit Business number of each authorized domestic location where stamps will be shipped. • Enter the 15-digit Business number of the person who will be responsible for stamps shipped outside of Canada.
Contact person, position, telephone and email	<ul style="list-style-type: none"> • Enter the name of the individual we can contact for information about this application, as well as their position, telephone number and email address.
Certification	
An authorized person must sign this application certifying that the information provided on this application is, to the best of their knowledge, correct and complete. We will only process the application if this section has been completed.	

Where to send this completed and signed form

Excise Stamp Order Desk
 Litigation, Information Management and Tobacco Initiatives Unit
 Excise Duties and Taxes Division
 Canada Revenue Agency
 Tower A, 11th Floor
 320 Queen Street
 Ottawa ON K1A 0L5

For more information

Telephone: **1-866-330-3304 (option 4)**
 Fax: 613-954-2226
 Email: excise.stamp@cra-arc.gc.ca