transports et Mobilité durable Québec 💀 🅸

Refund Claim Form

Regional Air Access Program (RAAP) — Component 1

Information about the claimant Last name	RESERVED FOR USE BY THE Status >
	MINISTÈRE Receipt date (yyyy-mm-dd)
First name	
Address (number, street, apt.)	Municipality
	ephone - Home Telephone - Other Area code Number Extension
Date of birth Email Year Month Day	
If the address entered is not in a region covered by the program, do you own a secondary residence in one of these regions?	Yes No If yes, please provide a proof of residence for this address (tax account, bill from Hydro-Québec or a service provider [Vidéotron, Bell, etc.], or a lease).
Are you a student? Yes No If yes, are you a full-time student?	Yes No If yes, please provide a letter from the Registrar or a student fees receipt.
Name of institution	Municipality
Are you employed? Yes No Name of your employer	Municipality
	Wandparty
Information on the traveller under the age of 18, if applicable	
If the traveller is a minor on the return date, one of the parents or the legal guardian of the minor m the word "claimant" refers to the person to be reimbursed.	ust be indicated as the claimant. Within the context of the Regional Air Access Program,
Last name	First name
Address (number, street, apt.)	Ration 1 and 1
	Municipality
	Municipality
Postal code Sex Date of birth	Relationship with the claimant
Postal code Sex Date of birth Female Year Month Male Image: Sex Image: Sex	
Female Year Month Day Male Information on the trip	Relationship with the claimant
Female Year Month Day Male Male Male	
Female Year Month Day Information on the trip Departure Year Month Day	Relationship with the claimant
Female Year Month Day Information on the trip Departure Year Month Day date Year Month Day	Relationship with the claimant Year Month Day No If no, please specify
Female Male Male Male Year Month Day Month Day Return date Syour final destination in Québec? Syour ticket refunded in full or in part by an employer, ministry, organization, authority, heal	Year Month Day Final destination No If no, please specify If no, please specify Ithcare centre, company, private firm, corporation or any order of government,YesNo
	Year Month Day Final destination Image: Provide the second s

Version française disponible

Ministère des Transports et de la Mobilité durable

Required Documents

Please attach a copy of the following documents and keep the originals. The claimant must keep the supporting documents for a period of two years.

The invoice for your plane ticket indicating the name of the passenger, the itinerary, and the price including fees and taxes;

Proof of travel (boarding passes) issued by the carrier;

A valid proof of residence issued by a government entity, a municipal body (within the meaning of section 5 of the Act respecting access to documents held by public bodies and the protection of personal information (CQLR, chapter A-2.1)), a service enterprise or the owner of a rental property (lease). The claimant's address on this form must match the address on the proof of residence;

Proof of payment with the name of the person who purchased the ticket.

Additional documentation may be required for analysis or as part of an audit by the Ministère.

Claimant's declaration

I declare that I completed the trip according to the conditions indicated on the airline ticket and that no total or partial refund was issued for this ticket by the air carrier because, for example, of flight cancellation.

I swear that the information provided to the ministère des Transports in this form is true and complete.

I acknowledge that I am required to provide the Ministère with all the information it may request regarding the specific terms of the application of the Regional Air Access Program.

I authorize the air carrier, my employer or any other third party to disclose to the Ministère any information allowing it to validate the eligibility of the refund claim in the event of an audit.

I understand that anyone who submits a non-eligible application or who makes a false declaration to obtain a refund to which he or she is not entitled may see the application refused and may be sanctioned according to the seriousness of the violation.

I declare that I have read the conditions to be met in order to benefit from the program and to have complied with them.

Signature of the resident who travelled or of the person who has parental authority, in the case of a minor:

Date (yyyy-mm-dd)

Postal addresses

Forms and supporting documents should be sent to the postal address below that corresponds to the region of the address of the claimant's residence. For your claim to be processed faster, it is important to provide all supporting documents. It is also preferable to send the claim via the online service by clicking on Complete the refund claim form and enrol in direct deposit by filling out the Direct Deposit Enrolment or Modification Form: (https://www.transports.gouv.qc.ca/en/transport-aerien/regional-air-access-program/Documents/V-3292.pdf) available on the Regional Air Access Program Website in the Documentation section.

Regions:

- · Abitibi-Témiscamingue
- Bas-Saint-Laurent
- Côte-Nord
- · Gaspésie-Îles-de-la-Madeleine
- Saguenay–Lac-Saint-Jean

Mailing address:

Ministère des Transports et de la Mobilité durable Regional Air Access Program 1156, boulevard Guillaume-Couture Lévis (Québec) G6W 0R8

Signature

Telephone:

418 266-6647 (Québec region) +1 888 717-8082 (toll free in Québec and elsewhere in North America)

E-mail address:

DAIE-individuentreprise@transports.gouv.qc.ca

For more information on the terms and conditions of the program, visit the website of the ministère des Transports et de la Mobilité durable at https://www.transports.gouv.qc.ca/en/transport-aerien/regional-air-access-program/Pages/regional-air-access-program.aspx.

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