



Department of  
Finance  
Taxation and  
Property Records

## Application for Marked Gasoline and / or Marked Diesel Oil Permit for Custom Agricultural Contractors

(Pursuant to the Prince Edward Island Gasoline Tax Act and Revenue Administration Act R.S.P.E.I. 1988)

**Mail to:**

Department of Finance, Taxation and Property Records  
PO Box 1150, Charlottetown, PE C1A 7M8  
Tel: (902) 368 4070 Fax: (902) 368 6164  
Web Site: [www.princeedwardisland.ca](http://www.princeedwardisland.ca)

Email: [taxandland@gov.pe.ca](mailto:taxandland@gov.pe.ca)

**Deliver to:**

95 Rochford Street  
Shaw Building, 1<sup>st</sup> Floor  
Charlottetown, PE C1A 3T7

or: any Access PEI Centre

**Freedom of Information and Protection of Privacy**

Personal information on this form is collected under the authority of Section 31(c) of the Freedom of Information and Protection of Privacy Act and will be used for the purposes of tax

administration and enforcement. Questions on the collection and use of this information can be sent to the Manager, Tax Administration and Compliance Services, Taxation and Property Records Division, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

**For Office Use Only:**

Permit No.: \_\_\_\_\_

**Please note:** The prescribed issuance fee for marked gasoline and/or marked diesel oil permit is \$10. Please include payment of \$10 with the application.

Section A – General Information			
Ownership Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Full Applicant or Business Name: _____			
Mailing Address:	Community:	Province:	Postal Code:
Civic Address:	Community:	Province:	Postal Code:
Telephone Number: (     )	Cell Number: (     )	Fax Number: (     )	Email: _____

Section B – Owner, Partner or Officer Information (If different from Section A)			
Name ( <b>Full Name Required</b> ): _____			
Mailing Address:	Community:	Province:	Postal Code:
Civic Address:	Community:	Province:	Postal Code:
Telephone Number: (     )	Cell Number: (     )	Fax Number: (     )	Email: _____

Section C – Business Information
1. Does the business have an HST or Federal BIN? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes</b> , enter HST or BIN: _____
2. Has this business or its owner(s) held a Marked Fuel Permit before?    Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes</b> , provide the Marked Fuel Permit Number: _____
3. Did you recently purchase an existing business? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes</b> , complete the information below ▼
Date of Purchase (mm/yyyy): _____      Purchased From: _____      Address: _____
4. Yearly Business Operation Period:
From: _____      From: _____      To: _____
To: _____
5. Provide an estimated breakdown of the acreage for your <b>Operation</b> .
# of Acres      _____      Custom Agricultural Contracts for Farmers
# of Acres      _____      Custom Contracts for Others

**Instructions:** All applications must include proof that the operation is actively engaged in custom agricultural contracting, and must report income in the name of the applicant from custom agricultural contracting.

**Section D- Description of Business**

List the type of activities performed by your business.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section E – Fuel Information**

1. List the equipment in which tax exempt fuel is to be used (**attach additional list if required**).

Type of Equipment	Make and Model	Horsepower	Fuel Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Indicate the estimated annual fuel consumption of the equipment listed above.

EXEMPT:

Gasoline (marked & clear) \_\_\_\_\_ litres      Marked diesel \_\_\_\_\_ litres

TAXABLE:

Gasoline (clear) \_\_\_\_\_ litres      Diesel (clear) \_\_\_\_\_ litres

**Section F – Certification**

I certify that the information contained herein is accurate and complete. I understand that it is an offence, subject to prosecution under the *Revenue Administration Act*, to make any false statement(s) on this application. I authorize any inspector under the *Revenue Administration Act* inspect my books and records, vehicles, premises or place where any business is carried on, and to open any storage tank and remove therefrom any quantity of gasoline or diesel sufficient in their opinion, for the purposes of determining whether there has been compliance with the *Gasoline Tax Act*. I have signing authority for the entity that is applying for this permit.

\_\_\_\_\_

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

**For Office Use Only**

<p><b>Marked Fuel Exemption Permit</b></p> <p><b>Application Status:</b> Approved : <input type="checkbox"/></p> <p>Denied: <input type="checkbox"/></p> <p>Approved/Denied By: _____</p> <p>Access Number: _____</p> <p>Approval Date: _____ Expiry Date: _____</p> <p>Updated On: _____</p>	<p><b>Comments:</b></p>
<p><b>Gasoline Issuance Fee:</b></p> <p>Gasoline: \$ _____ Date Received: _____ Payment Type: Cash: ____ Cheque: ____ Debit: _____</p> <p>Received By: _____ Recorded By: _____</p>	