



Department of  
Finance  
Taxation and  
Property Records

# Registration for 911 Cost Recovery Fee Collection

(Pursuant to the Prince Edward Island  
*Emergency 911 Act* R.S.P.E.I. 1988)

For Office Use Only
Account No.
Effective Date
Reporting Period

### 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 administration and enforcement of the 911 Cost Recovery Fee. Questions on the collection and use of this information can be directed to the Manager, Corporate and Tax Administration Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Section A – Business Information (mailing address)				
Ownership Type:                    Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>				
Business Name:				
Mailing Address:			Province:	Postal Code:
Civic Address (Street # / Street Name / Suite # or Apt # / City, Town or Village):			Province:	Postal Code:
Telephone Number:	Fax Number:	Email:		

Section B – Owner, Partner(s), Officer or Head Office Information				
Name:			Title:	
Mailing Address:			Province:	Postal Code:
Civic Address (Street # / Street Name / Suite # or Apt # / City, Town or Village):			Province:	Postal Code:
Telephone Number:	Fax Number:	Email:		

Section C – Contact Person	
Name:	
Telephone Number:	Email:

Section D – Estimate monthly cost recovery fee @ 50¢ per telephone service
Amount:

Section E – Estimate of bad debt percentage
Percentage:

Section F – Certification		
<p>The signing officer named below hereby makes application, on behalf of the above telecommunication carrier for registration under the <i>Emergency 911 Act</i> and agrees to accept the responsibilities as set out in the <i>Emergency 911 Act</i>, collect the fee imposed, and account to the Provincial Tax Commissioner for all monies collected under the act.</p> <p>I certify that the above information is correct to the best of my knowledge and belief. I also understand that the information on this form will be used for purposes of administration and enforcement pursuant to the <i>Emergency 911 Act</i>.</p>		
_____	_____	
Authorized Signing Officer	Title of Authorized Signing Officer	
_____	_____	_____
Signature	Date	Telephone