



Department of  
Finance  
Taxation and  
Property Records

**Application for Marked Gasoline and/or  
Marked Diesel Oil Permit  
for Pleasure Craft Owners/Operators**  
(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, 1st 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 and may be made available to fuel wholesalers or the public. Questions on the collection and use of this information can be directed to the Manager, Tax Administration and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

**For Office Use Only:**

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

**Please note: The prescribed issuance fee is \$10. Please include payment with application.**

**Section A – General Information**

Full Name: _____			
Mailing Address: _____	Community: _____	Province: _____	Postal Code: _____
Civic Address: _____	Community: _____	Province: _____	Postal Code: _____
Telephone: _____	Cell: _____	Fax: _____	Email: _____

Are you currently in possession of a Marked Gasoline and/or Marked Diesel Oil Permit?

Yes  No If yes, please provide permit number: \_\_\_\_\_

**Section B – Applying for the *Marked Gasoline and/or Marked Diesel Oil Permit***

1. Provide the following information about your vessel(s) (**attach additional list if required**).

Name of Vessel: _____	Province or State of Registration: _____	Vessel Registration Number: _____
Type of Vessel: _____	Engine Make/Model: _____	Engine Horsepower: _____
Fuel Type: _____	Fuel Tank: <input type="checkbox"/> Affixed <input type="checkbox"/> Portable	

2. Date vessel purchased: \_\_\_\_\_ (If not already provided) dd mm yyyy Seller's name: \_\_\_\_\_

Amount paid: \$ \_\_\_\_\_ Amount of tax paid ( PST or  RST or  HST ): \$ \_\_\_\_\_

**If no tax paid, please enclose copy of purchase invoice.**

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

Gasoline (marked or clear): \_\_\_\_\_ litres Marked diesel oil: \_\_\_\_\_ litres

**Section C – 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 agree to comply with the record keeping, reporting and payment requirements as specified in the *Gasoline Tax Act* Regulations. I have the signing authority to act on behalf of the entity applying for this permit.

_____ Name (please print)	_____ Signature of Applicant
_____ Owner of vessel (if different than applicant)	_____ Date
	_____ Telephone

**For Office Use Only – Fuel Tax Exemption Permit**

Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Approved By: _____
Received By: _____	Recorded By: _____
Effective Date: _____	Access Number: _____
Expiry Date: _____	Issuance Fee \$10 Received: _____
	Date: _____
	Cash: _____
	Cheque: _____
	Debit: _____
	Self-Declaration Submitted for Previous Year (Y/N): _____
	Comments: _____