



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 Email: 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: _____

Province: _____

Postal Code: _____

Civic Address
(#/ Street / Suite# or Apt#/ City, Town or Village): _____

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: Affixed Portable	

2. Date vessel purchased: ____/____/____ Seller's name: _____
(If not already provided) dd mm yyyy

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: Approved Denied

Approved by: _____

Received by: _____

Recorded by: _____

Access Number: _____

Effective Date: _____

Issuance Fee \$10 Received: _____

Self-Declaration Submitted for Previous Year (Y/N): _____

Expiry Date: _____

Date: _____

Comments: _____

Cash: _____

Cheque: _____

Debit: _____