



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 – Owner, Partner or Officer Information

Name (**Full Name Required**): _____

Mailing Address: _____ Province: _____ Postal Code: _____

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

Telephone Number: _____ Cell Number: _____ Fax Number: _____ E-mail: _____

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

No Yes If yes, please provide permit number: _____ Client Access Number (if applicable) _____

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: _____ dd mm yy Seller's name: _____
(If not already provided)

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.

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: _____ Consumer Type: _____

Effective Date: _____ Issuance Fee \$10 Received: _____ Self-Declaration Submitted for Previous Year (Y/N): _____

Expiry Date: _____ Cash: _____ Cheque: _____ Debit: _____ Comments: _____