



Department of Finance
Taxation and Property Records

Application for Marked Gasoline and/or Marked Diesel Oil and Levy Exemption Permit for Fishers

(Pursuant to the Prince Edward Island *Gasoline Tax Act, Climate Leadership 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

For Office Use Only:

Permit No.: _____

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.

**Please note: The prescribed issuance fee for marked gasoline and/ or marked diesel oil permit is \$10.
The prescribed issuance fee for the levy exemption permit is \$10.
Please include payment of \$20 with the application.**

Section A – General Information

Ownership Type: Proprietorship Partnership Corporation			
Full Business Name:			
Mailing Address:		Province:	Postal Code:
Civic Address (#/ Street / Suite# or Apt#/ City, Town or Village):		Province:	Postal Code:
Telephone:	Cell:	Fax:	Email:

Section B – Owner, Partner or Officer Information (If different than Section A)

Name (<i>Full Name Required</i>):			
Mailing Address:		Province:	Postal Code:
Civic Address (#/ Street/ Suite# or Apt#/ City, Town or Village):		Province:	Postal Code:
Telephone:	Cell:	Fax:	Email:

Section C – Business Information

1. Does the business have a HST number or Federal BN ? Yes No **If yes**, enter either number: _____

2. Has this business or its owner(s) held a Marked Fuel Permit before? Yes No
If yes, provide the Marked Fuel Permit Number: _____

3. Did you recently purchase an existing fishing operation? Yes No **If yes**, complete the information below ▼
Date of purchase (mm/yyyy) Purchased from: Address:

4. Yearly business operation period: From: _____ To: _____

5. List the license number(s) and the species of fish caught (**attach additional list if required**).

Number	Species	Number	Species
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Principal buyer of fish: _____

7. Certified Fisheries Organization Support Fee Paid: Yes No

Instructions: *All applications must include proof that the operation is reporting income from the sale of products from the commercial fishing operation in the name of the applicant.*

All core fishers must be in compliance with subsection 8(1) of the Certified Fisheries Organizations Support Act.

Please Note: *Confirmation of DFO licenses in the name of the applicant must also be attached.*

Section D – Fuel Information

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

Name of boat: _____ Home port: _____

Vessel identification number: _____ or Vessel registration number: _____

2. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Gasoline (marked or clear): _____ litres Marked diesel oil: _____ litres

Section E – 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* to 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 and Climate Leadership Act*. I have signing authority to act on behalf of the entity applying for this permit.

_____	_____	_____
Name (please print)	Title	
_____	_____	_____
Signature	Date	Telephone

For Office Use Only**Marked Fuel and Levy Exemption Permit**

Application Status: Approved: Gas Only Both

Denied: Levy Both

Approved By: _____

Access Number: _____

Approval Date: _____ Expiry Date: _____

Updated on: _____

Comments:**Gasoline Issuance Fee:**

Gasoline: \$ _____ Date Received: _____ Payment Type: Cash: _____ Cheque: _____ Debit: _____

Received by: _____ Recorded by: _____

Carbon Issuance Fee:

Levy: \$ _____ Date Received: _____ Payment Type: Cash: _____ Cheque: _____ Debit: _____

Received by: _____ Recorded by: _____