



Questions:
 Call (902) 424-6300
 Fax (902) 424-0602

**Service Nova Scotia and Municipal Relations
 Provincial Tax Commission**

Fuel Tax - Consumer's Exemption Permit and Marine Tax Rate

Activity(ies) Applied For:	
If applying for activities (A) to (F) please complete Sections I and III and applicable activities of Section II	If applying for activities (1) to (7) please complete Sections I and III
<input type="checkbox"/> (A) Lumbering	<input type="checkbox"/> (1) Department of Transportation
<input type="checkbox"/> (B) Farming	<input type="checkbox"/> (2) Ferries
<input type="checkbox"/> (C) Fishing	<input type="checkbox"/> (3) Fire Department
<input type="checkbox"/> (D) Aquaculturist	<input type="checkbox"/> (4) Manufacturing
<input type="checkbox"/> (E) Commercial Shipping	<input type="checkbox"/> (5) Municipal Government
<input type="checkbox"/> (F) Fuel Purchase at Marine Rate	<input type="checkbox"/> (6) Railway Locomotive
	<input type="checkbox"/> (7) Well Driller

Type of application: Renewal New Application

SECTION I

1. Is the major portion of your employment spent in the commercial activity(ies) as checked above? Yes ____ No ____

If no, please indicate other employment activity(ies): _____

2. Is the major portion of your income earned from the commercial activity(ies) as checked above? Yes ____ No ____

If no, please indicate other source(s) of income: _____

3. List any equipment used in your applicable activity(ies) powered by internal combustion engine:

Gasoline Powered	Diesel Powered

4. Briefly describe how this equipment is used in your activity(ies): _____

5. Indicate the fuel company(ies) / bulk plant(s) to be notified regarding your fuel purchases:

Fuel Company

Fuel Company

Fuel Company

SECTION II

(A) LUMBERING

1. Are you involved in Commercial Lumbering? Yes ___ No ___
2. Type of lumbering operation (*please specify*): _____
e.g. cutting and skidding pulp and logs, mill operation, Christmas tree operation, etc.

3. Are you involved in Custom Sawing*? Yes ___ No ___ If yes, approximate percent per year: ___ %
**service of sawing logs not owned by the applicant.*

(B) FARMING

1. Are you involved in Commercial Farming? Yes ___ No ___
2. Type of Commercial Farming (*please specify*): _____
e.g. dairy, beef, poultry, hog, produce, grain, honey, fur, etc.

3. NS Department of Agriculture & Fisheries Registration Number: _____
4. Farm name: _____
5. Is 51% of your gross revenue or \$10,000 earned annually from commercial farming? Yes ___ No ___

(C) FISHING

1. Are you involved in Commercial Fishing? Yes ___ No ___ Full Time ___ Part Time ___
2. Fisher Identification Number (FIN#): _____
3. Name of Vessel(s): _____
Please note: When vessel changes title or new vessels are acquired you must notify this office
4. Vessel Registration Number(s) (VRN#): _____
5. Fuel type used: Gas ___ Diesel ___

(D) AQUACULTURIST

1. Aquaculture Licence No.: _____
(Issued by NS Department of Agriculture & Fisheries)
2. Describe your aquaculture operation and the activity(ies) involved: _____
e.g. fin or shell

(E) COMMERCIAL SHIPPING

1. Name of Vessel(s): _____
2. Vessel Description: _____
length, width, engine size/horsepower, etc.
3. Describe your commercial shipping activity(ies) to be carried out: _____
e.g. containers, bulk cargo, general cargo

4. Port and Country where Vessel(s) registered: _____
5. Fuel type used: Gas ____ Diesel ____

(F) FUEL PURCHASE AT MARINE RATE

1. Name of Vessel(s): _____
2. Type of operation: _____
e.g. commercial charter boat, tug/barge, marine work boat, boats used for diving or salvage purposes
3. Describe your marine activities to be carried out: _____
e.g. deep sea fishing charters, water tours, dredging, pier construction or maintenance

4. Vessel(s) Description: _____
length, width, engine size/horsepower, etc.
5. Fuel type used: Gas ____ Diesel ____

SECTION III

I, The Undersigned Certify That:

- (i) The information in this application is true, complete and correct in every respect.
- (ii) All relevant records are available for inspection.
- (iii) I understand that a compliance officer, or person appointed by the Commissioner, may, without warrant, examine any internal combustion engine and its fuel system or any apparatus or storage facility that contains gasoline or diesel oil and take and retain samples of that gasoline or diesel oil.
- (iv) I understand that any change in personal or business address, business operations, equipment and/or vessel addition or deletions must be forwarded to this department in writing.
- (v) I agree that upon issuance of a permit, the information contained thereon may be shared with fuel suppliers.

Name (*Please Print*): _____ Title: _____

Signature: _____ Date (D/M/Y): _____

Consumer's Exemption Permit Fee

\$ 84.07 Fee is required for all new applications and renewals for permits not originally issued prior to April 1, 1996 and must be submitted with this application.

Payment Type:

Cheque

Money Order

VISA

MasterCard

American Express

Cheque or money order must be made payable to the *Minister of Finance*.

All payments must be in Canadian funds.

Post- dated cheques will not be accepted.

Credit Card Number Exp. (mm/yy)

Card Holder's Name (as on card)

Card Holder's Signature

Amount: \$ _____

Name (*Please Print*): _____

Title: _____

Signature: _____

Date: _____
(DD/MM/YYYY)

Contact Phone #: _____

If mailing this form back to us, please return it to:

**Nova Scotia Business Registry
P.O. Box 1529, Halifax, NS B3J 2Y4**