



Mail this form to:

Service Nova Scotia and Internal Services
Business Registration Unit
PO Box 1529
Halifax, NS B3J 2Y4

Business Applicant Profile Information

Business Name or Owner's Name:

Operating Name or Owner's Name

Canada Revenue Agency BN #:

NS Registry of Joint Stock Companies #:

Business Site Location (Civic Address not PO Box):

Street #	Street Name	Unit/Suite/Apt #
City/Town/County	Province	Country
		Postal Code

Mailing Address for Correspondence (If Different):

Street, P.O. Box, RR #, Site #, etc.#

City/Town/County	Province	Country	Postal Code
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Office Location Where Records are Kept (Civic Address not PO Box):

Street #	Street Name	Unit/Suite/Apt #
City/Town/County	Province	Country
		Postal Code

Business Contact Information:

Name	Title
Primary Home #	Fax #
Email Address	

Please Note: The submission of an application with payment does not guarantee application approval.



Questions: Call 902-424-6538
Fax 902-424-0602

Select the Fuel Tax Exemption That You Qualify Under:

If applying for exemptions (A) to (H) please complete Sections I and III and applicable parts of Section II

- (A) Forestry
- (B) Farming
- (C) Fishing
- (D) Acquaculturist
- (E) Manufacturing
- (F) Commercial Shipping
- (G) Well Driller
- (H) Fuel Purchase at Marine Rate

If applying for exemptions (1) to (6) please complete Sections I and III

- (1) Department of Transportation
- (2) Ferries
- (3) Vehicles and Equipment for Fire Fighting
- (4) Municipal Government
- (5) Railway Locomotive
- (6) School Board

Type of application: Renewal New Application

Section I

1. Provide information on machinery & equipment that will use tax exempt marked fuel purchased under this Consumer's Exemption Permit.

Description	Brand/Model	Fuel Type	Engine Type	# Cyl or HP
Farm tractor (Example only)	International	Diesel	Cummins	8 cyl

2. Briefly describe your operation and indicate how the machinery and equipment is used:

3. Indicate the fuel company(ies) to be notified regarding your fuel purchases:

Fuel Company

Fuel Company

Fuel Company

Section II

(A)Forestry

Indicate type of Commercial Forestry operation: Logging Christmas Tree Other

(B)Farming

Indicate type of Commercial Farming operation. Field Crops Livestock Mixed Other

NS Department of Agriculture Registration #

Is 51% of your gross revenue or \$10,000 earned annually from commercial farming? Yes No

(C)Fishing

Name of Vessel:

(Please note that when a vessel is sold or a new vessel is acquired, you must notify this office.)

Federal CF License Number
(Personal fishing license)

Federal CF Vessel Number Full Time Part Time

(D)Aquaculture

Indicate type of Commercial Aquaculture operation: Fin Shell Other _____

NS Department of Fisheries and Aquaculture License Number _____

(E)Manufacturing

Indicate type of manufacturing operation:

Describe products manufactured for sale:

Sawmill - Indicate if sawmill involved in Custom Sawing? Yes No
(Service of sawing logs not owned by applicant)

If yes, indicate approximate percent per year _____%

(F)Commercial Shipping

Indicate type of ship: Container Bulk Cargo General Cargo Other

Name of Vessel

Indicate where vessel is registered: Port Country

(G) Well Driller

Indicate if you provide drilling services for the installation of geothermal heating cooling systems? Yes No

If yes, indicate approximate percent per year _____%

(H)Fuel Purchase at Marine Rate

Indicate type of ship: Charter boat Tug/Barge Work boat Diving or salvage Other

Name of Vessel

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

\$ 93.40 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.

Do not submit a fee with a marine rate permit application as the marine rate permit does not require a fee.

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:

**Service Nova Scotia and Internal Services
Business Registration Unit PO Box 1529
Halifax, NS B3J 2Y4**