

**Fuel Exemption Card Application**  
**FARMER**  
Department of Finance, Revenue and Taxation Division

**PART I – APPLICANT INFORMATION**

For office use only	a. Business Number: _____
	b. Legal Name: _____
	c. Business or Trade Name: _____
	d. Please check one: <input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal: please indicate exemption card # _____
e. Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French	

f. Please Check One:  Sole Proprietorship: (one owner)  
 Partnership: Two or more persons, must be registered with the Corporate Affairs Branch of Service New Brunswick.  
 Corporation: Limited or incorporated company with directors and officers and must be registered with the Corporate Affairs Branch of Service New Brunswick.

g. **Business Mailing Address** (Box #, Street, Road, Avenue, Rural Route, City, Province, Postal Code, County):

Daytime Telephone: ( ) ( ) ( ) ( ) ( ) ( ) Fax: ( ) ( ) ( ) ( ) ( ) ( )

h. **Physical Location of Operations** (Street, Road, Avenue, Rural Route, City, Province, Postal Code, County):

Daytime Telephone: ( ) ( ) ( ) ( ) ( ) ( ) Fax: ( ) ( ) ( ) ( ) ( ) ( )

i. **Physical address where records are maintained** (Street, Road, Avenue, Rural Route, City, Province, Postal Code, County):

Daytime Telephone: ( ) ( ) ( ) ( ) ( ) ( ) Fax: ( ) ( ) ( ) ( ) ( ) ( )

j. **Contact Person** (you or your representative if you are not available during the day):

Daytime Telephone: ( ) ( ) ( ) ( ) ( ) ( ) Fax: ( ) ( ) ( ) ( ) ( ) ( ) Email: \_\_\_\_\_

**PART II – FARMING OPERATION INFORMATION**

k. Provide a copy of your **financial statements** as prepared by a registered accountant for the fiscal year preceding the date of the application or a complete copy of your **income tax return**, submitted under the *Income Tax Act* (Canada), including all supporting documentation, for the tax year most closely corresponding to the fiscal year preceding the date of this application.  
**OR**  
 Current Agriculture Producers Association of NB # /  
 # de la Fédération des agriculteurs et agricultrices francophones du Nouveau-Brunswick: \_\_\_\_\_

**I. FARM ACREAGE**

Owned Cleared: _____	Owned Wooded: _____
Leased Cleared: _____	Leased Wooded: _____

**m. PROPERTY AND FARMLAND INFORMATION**

Property Tax Account Number(s)...	_____	_____
LRIS Number(s) for Farmland...	_____	_____

**n. INCOME**

Gross Income from Farming operations – Last Year...	\$ _____
Percentage of Total Gross Income from Farming operations – Last Year...	_____ %

Is this a start-up Operation?  Yes  No

If yes, please attach a copy of your management plan approved by the Minister of Agriculture, Fisheries and Aquaculture.

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

<b>PART II (continued) – FARMING OPERATION INFORMATION</b>					
o. LIVESTOCK (i.e. cattle, poultry etc.)			p. CROPS GROWN (i.e. vegetables, fruits, forage)		
(1)	(2)	(3)	(1)	(2)	(3)
Type: _____	_____	_____	Type: _____	_____	_____
# of Animals: _____	_____	_____	# of Acres: _____	_____	_____
# of Females: _____	_____	_____			
q. GREENHOUSES					
# of Greenhouses: _____			Total Square Feet: _____		
r. OTHER (i.e. wild game, etc.)			s. BEEHIVES		
(1)	(2)	(3)			
Type: _____	_____	_____	Type: _____		
# of Animals: _____	_____	_____	# of Beehives: _____		
<b>PART III – APPLICANT AGREEMENT</b>					

Certain information obtained on this approved application form will be provided to Canada Revenue Agency and Service New Brunswick pursuant to the provisions of the *Common Business Identifier Act*. (Note: Service New Brunswick may share such information with other public bodies for certain purposes pursuant to the provisions of the *Common Business Identifier Act*.)

In signing this application, I hereby certify and agree to the following:

- I am operating commercially and all information given in this application and in every document submitted in support thereof is true, correct and complete in every detail;
- I will comply with all provisions under the *Gasoline and Motive Fuel Tax Act* and Regulations;
- I will keep and maintain records that contain the following information for all tax exempt motive fuel, tax paid motive fuel and gasoline purchased, acquired, consumed or used:
  - (a) the date of each purchase or acquisition of tax exempt motive fuel, tax paid motive fuel and gasoline;
  - (b) the name and address of the person from whom tax exempt motive fuel, tax paid motive fuel and gasoline was purchased or acquired;
  - (c) the number of gallons or litres of tax exempt motive fuel, tax paid motive fuel and gasoline purchased or acquired;
  - (d) the type of tax exempt motive fuel, tax paid motive fuel and gasoline purchased or acquired; and
  - (e) the vehicle(s) or equipment into which the tax exempt motive fuel, tax paid motive fuel and gasoline was placed, the tasks performed by that vehicle or equipment and the number of hours of service dedicated to each task.
- I consent to allowing fuel samples to be extracted from vehicles, machinery and equipment owned and/or operated in association with my business, at my place of business, work locations and random roadside checks for purposes of determining the presence of fuel that has been marked or colored;
- I accept that my failure to comply with these provisions shall be grounds for revocation of my fuel exemption card.

**Amount Enclosed: \$ \_\_\_\_\_**      **Note: The Fee for a Farmer Fuel Exemption Card is \$12.50 (valid for 1 year) payable to the Minister of Finance.**

\_\_\_\_\_  
Name of applicant or person authorized by the applicant      Date  
(Please print)

\_\_\_\_\_  
Signature  
(Note: An authorized signature that would include an owner, partner, corporate officer, manager, or any person authorized by the applicant must sign this form.)

**Please mail application and address any inquiries to:**  
Department of Finance, Revenue and Taxation Division, Licensing and Registration, P.O. Box 3000, Fredericton, NB E3B 5G5  
Telephone: (506) 453-2404      Fax: (506) 457-7335

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

<b>FARMER</b> <b>Instructions on how to fill out an Application for a Fuel Exemption Card</b>
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**Part I – Applicant Information**

- a. Business Number: This refers to the common business identifier that is issued by Canada Revenue Agency (CRA) - i.e. HST number, and it may be obtained upon registering with either CRA, Corporate Affairs Branch of Service New Brunswick or the Department of Finance.
- b. Legal Name: This refers to one of the following:  
Corporation – if you have registered your company as a corporation with the Corporate Affairs Branch of Service New Brunswick, then you must indicate your Corporation Name;  
Partnership – if you have registered as a partnership with the Corporate Affairs Branch of Service New Brunswick, then you must indicate your Partnership Name;  
Sole Proprietorship – if you are not registered with the Corporate Affairs Branch of Service New Brunswick, then this would be your personal name.
- c. Business or Trade Name: This refers to the name under which you operate your business (may or may not be different than Legal Name).
- d. New Applicant or Renewal: Please specify if this is either your first time applying for a fuel exemption card, or a renewal – if this is a renewal, please indicate your fuel exemption card number.
- e. Language Preference: Please specify the language in which you prefer to receive correspondence.
- f. Sole Proprietorship, Partnership, Corporation: Please refer to Part I b. above and check the appropriate box.
- g. Business Mailing Address: This refers to the mailing address where all correspondence should be mailed. You must include the full address including County.
- h. Physical Location of Operations: This refers to where your farming operation is located. You must include full location address including County.
- i. Physical Address where records are maintained: In the event that your records are maintained at an address that is different from your physical location of operations, please specify the address. You must include full location address including County.
- j. Contact Person: Please specify the name and number of whomever is to be contacted regarding this application.

## **Part II – Farming Operation Information**

- k. Association Number: If you are a registered member of the Agriculture Producers Association of New Brunswick or la Fédération des agriculteurs et agricultrices francophones du Nouveau-Brunswick, please provide your membership number. If you are not registered with one of the above mentioned associations, you must provide a copy of your **financial statements** as prepared by a registered accountant for the fiscal year preceding the date of your application **or** a complete copy of your **income tax return**, submitted under the *Income Tax Act* (Canada), including all supporting documentation, for the tax year most closely corresponding to the fiscal year preceding the date of this application. (Note: this form must be completed in it's entirety by registered members of the APA / FAFNB.)
- l. Farm Acreage: Please specify the farm acreage owned and/or leased and the acreage within each category that is cleared or wooded.
- m. Property and Farmland Information: Please list your property tax account numbers and your LRIS numbers for farmland.
- n. Income: If this is **not a start-up** operation, please provide the following for last year:
  - total gross income from farming activities before deductions (overhead costs, taxes, etc); and
  - percentage of your total income derived from farming activities.If this **is a start-up** operation, please indicate and include a copy of your management plan approved by the Minister of Agriculture, Fisheries and Aquaculture.
- o. Livestock: Please specify the type(s) of livestock, the number of animals and the number of females.
- p. Crops Grown: Please specify the type(s) of crops grown and the number of acres.
- q. Greenhouses: Please specify the number of greenhouse(s) used to grow vegetables, vegetable seedlings or fruit bearing plants, bushes or trees; along with the total area covered in square feet.
- r. Other Types of Farming Operations: Please specify the type of commercial operations, (ex: wild game), including the number of animals and the number of acres.
- s. Beehives Please specify the type(s) of bee(s) raised and the number of beehives.

## **Part III – Applicant Agreement**

- Applicant Agreement: This refers to the conditions that each applicant accepts upon making their signature.
- Amount Enclosed: This refers to the applicable fee due upon application.
- Signature / Date: This confirms that the applicant accepts the conditions imposed under the Applicant Agreement.