Gasoline and Motive Fuel Tax Act Revenue Administration Act

# Fuel Exemption Card Application SILVICULTURIST



Department of Finance, Revenue and Taxation Division

PART I - APPLICANT INFORMAT	ION					
For office use only	a. Business Num	a. Business Number:				
·	b. Legal Name:	b. Legal Name:				
	c. Business or Tr	c. Business or Trade Name:				
		d. Please check	d. Please check one:   New Applicant  Renewal : please indicate exemption card #			
		e. Language Pre	eference:   Engl	ish   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 #, St	reet, Road, Avenue, Rural Rout	e, City, Province, Postal (	Code, County):			
Douting Talenhone: (	Eav. ( )					
Daytime Telephone: ( ) h. Physical Location of Operations (Str	eet, Road, Avenue, Rural Route	e, City, Province, Postal C	Code, County):			
Daytime Telephone: ( ) i. Physical address where records are	Fax: ( )	oue Purel Poute City Pr	rovince Poetal Coo	lo County):		
i. Physical address where records are	mamtamed (Street, Road, Aver	lue, Rurai Roule, City, Pr	Tovince, Postal Cod	ie, 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 – SILVICULTURIST OPEI						
Complete the following sections which ap	ply to your operation.					
k. Annual Gross Income from Silvicultur	Percentage of Person's Total Annual Gross Income					
Last Year 20	Last Year 2	20	%			
Year Before Last 20	Year Before Last 2	20	%			
<u> </u>						
Christmas Trees, Landscaping Trees, Sh m. Number of Acres and/or Trees Cultiva	n. Number of Maple Sugar Taps					
Last Year 20 Acres _	Trees	Last Year 2	20	Taps		
Year Before Last 20 Acres _	Trees	Year Before Last 2	20	Taps		
Square feet of Landscaping trees, Sh Plants in a Greenhouse	p. Number of Acres of	Sod produced duri	ing the two previous years			
Last Year 20	Sq. ft.	Last Year 2	20	Acres		
Year Before Last 20	Sq. ft	Year Before Last 2	20	Acres		

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### Fuel Exemption Card Application continued SILVICULTURIST



Department of Finance, Revenue and Taxation Division

PART II (continued) – SILVICULTURIST OPERATION INFORMATION							
Thinning, Planting a	nd Harvesting with	lanagement Plan	Thinning, Planting a	ind Harvesting witho	ut Woodlot	Management Plan	
(owned land) - Include copies of management recommendations, or a			(owned land)				
plan, approved by the Minister of Natural Resources to manage at							
least twenty-five acres of woodland.							
q. Number of Acres of Woodland owned			r. Number of Acres of Woodland owned				
		<u> </u>				<u> </u>	
Last Year	20	Acres		Last Year	20	Acres	
		1				1	
Year Before Last	20	Acres		Year Before Last	20	Acres	
		1				1	
s. Number of Acres thinned or planted during the two previous year			t. Number of Acres	thinned or planted du	iring the two	previous years	
	00				00		
Last Year	20	Acres		Last Year	20	Acres	
Year Before Last	20	Acres		Year Before Last	20	Acres	
Teal Delote Last	20	Acres		real belote Last	20	Acres	
u. Number of Cords harvested during the two previous years			v. Number of Cords harvested during the two previous years				
u. Number of Colus	marvested during th	!	ous years	v. Number of Colus	That vested during the	!	is years
Last Year	20	Cords		Last Year	20	Cords	
				2001 . 00.			
Year Before Last	20	Cords		Year Before Last	20	Cords	
					- <del></del>		
w. Number of Acres thinned, Planted or Tended (under contract during the two previous years)							
		<u> </u>	•			!	
Last Year	20	Acres		Year Before Last	20	Acres	-
		!				!	
PART III – APPLICANT AGREEMENT							

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.

	Silviculturist Fuel Exemption Card is \$25.00 (valid for the Minister of Finance.
Name of applicant or person authorized by the applicant (Please print)	Date
Signature (Note: An authorized signature that would include an owner, partner, cofficer, manager, or any person authorized by the applicant must sign the	•
Please mail application and address any inquiries to: Department of Finance, Revenue and Taxation Division, Licensing and Telephone: (506) 453-2404 Fax: (506) 457-7335	Registration, P.O. Box 3000, Fredericton, NB E3B 5G5

## **SILVICULTURIST**

# Instructions on how to fill out an Application for a Fuel Exemption Card

### 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 silviculture 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.

i. Contact Person: Please specify the name and number of whomever is to be contacted

regarding this application.

## **Part II – Silviculturist Operation Information**

k. **Annual Gross Income:** Please provide the total gross income from silviculture activities before

deductions (overhead costs, taxes, etc) for the last two years.

1. Percentage of Annual

Please indicate the percentage of your total annual gross income derived from Gross Income:

your silviculture operation(s) for the last two years.

Trees Cultivated: If you cultivate christmas trees, landscaping trees, shrubs, and/or bedding

plants, please indicate the number of acres and/or trees cultivated.

Maple Sugar Taps: If you produce maple sugar, please specify the number of taps. n.

Greenhouse Operations: If you operate a greenhouse or greenhouses, please indicate the square feet of 0.

landscaping trees, shrubs, flowers or bedding plants.

**Sod Operations:** If you produce sod, please indicate the number of acres produced. p.

Woodland (with If you own land and you thin, plant and harvest trees with a woodlot q. Management Plan):

management plan, please indicate the number of acres owned and attach a copy of your management recommendations or plan approved by the Minister of Natural Resources showing that you have managed at least twenty-five acres of

If you were under contract during the two previous years, please indicate the

woodland.

Woodland (without If you own land and you thin, plant and harvest trees without a woodlot r.

Management Plan): management plan, please indicate the number of acres owned showing that you

have managed at least twenty-five acres of woodland.

Acres Thinned or Planted: If you thin or plant with a woodlot management plan, please indicate the

number of acres thinned or planted.

Acres Thinned or Planted: If you thin or plant without a woodlot management plan, please indicate the t.

number of acres thinned or planted.

Cords Harvested: If you harvest cords of wood with a woodlot management plan, please indicate u.

the number of cords harvested.

Cords Harvested: If you harvest cords of wood without a woodlot management plan, please

indicate the number of cords harvested.

Tended: number of acres thinned, planted or tended.

Part III – Applicant Agreement

Acres Thinned, Planted or

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.