

1. Name of Applicant: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Accounting Office Address: \_\_\_\_\_

5. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

6. Type of Ownership:  Corporation  Registered Association  
 Partnership  Individual Proprietor

7. Owners: If Corporation, names of officers; if Partnership, names of partners.

Title	Name	Address

8. Type of Fuel Used:  Gasoline  Diesel

9. Location of Company Operated Fuel Terminals in the Yukon: \_\_\_\_\_

10. Check whether destination is within the Yukon (Inter-Provincial Carrier)   
or through the Yukon (Through Freighter)

11. Estimated Total number of trips into the Yukon each month: \_\_\_\_\_

12. Number of Commercial motor-vehicles you operate which will enter the Yukon and require fuel oil user emblems: \_\_\_\_\_

*Note: F.O.T. Application 4 to be completed for issuance of annual emblems.*

13. Check jurisdiction in which vehicles covered by this application are operated and check where fuel reports are now filed:

	Operating through or into	Reports filed in		Operating through or into	Reports filed in
Alaska, U.S.A.	<input type="checkbox"/>	<input type="checkbox"/>	Saskatchewan	<input type="checkbox"/>	<input type="checkbox"/>
Yukon	<input type="checkbox"/>	<input type="checkbox"/>	Manitoba	<input type="checkbox"/>	<input type="checkbox"/>
British Columbia	<input type="checkbox"/>	<input type="checkbox"/>	Northwest Territories	<input type="checkbox"/>	<input type="checkbox"/>
Alberta	<input type="checkbox"/>	<input type="checkbox"/>	Washington, U.S.A.	<input type="checkbox"/>	<input type="checkbox"/>

I, \_\_\_\_\_, \_\_\_\_\_, as a duly authorized  
(Name - please print) (Title - please print)

officer of \_\_\_\_\_  
(Company Name - please print)

hereby CERTIFY that the information contained in this application is correct to the best of my knowledge and belief and hereby make application as required under the *Fuel Oil Tax Act* and undertake to comply with the provisions of this Act and the Regulations thereunder.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(If the applicant is a corporation, the application shall be under SEAL of the Corporation.  
 If a partnership, signatures of all parties are required.)

**NOTE: 1.** The Deputy Head may apply the bond held on deposit to any tax not paid.

**2. \$300  
 bond  
 required.**

Deputy Head  
 Department of Finance  
 Government of Yukon  
 P.O. Box 2703  
 Whitehorse, Yukon  
 Y1A 2C6  
 Phone: (867) 667-5345  
 Fax: (867) 393-6217

<u>FOR DEPARTMENT USE ONLY</u>	
1.	Amount Deposited _____
2.	Deposit Received By _____
3.	Date Received _____
4.	Authorized _____
5.	Date Issued _____
6.	Permit Number _____