



Service Nova Scotia and  
Municipal Relations  
Program Management and  
Corporate Services

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## Request for Increased Exemption Nova Scotia Indian Fuel Tax Exemption (NSIFTE) Program

### Applicant Information:

Given Name: \_\_\_\_\_  
First
Middle
Last

Nova Scotia Drivers Licence Master Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Increase Requested Per Month:  50 Litres     100 Litres     200 Litres     Other: \_\_\_\_\_

### Reason For Request:

Please check (✓) the appropriate reason(s) for requesting an increase and provide the information indicated. (Note - if you do not have sufficient space on this form you may attach a separate page with the additional information.)

**All information provided is subject to verification.**

**Self employed/contractor or small business owner** - Please provide information concerning the name and nature of your business;

Name of business: \_\_\_\_\_ Phone Number \_\_\_\_\_

Business address: \_\_\_\_\_

Nature of business: \_\_\_\_\_

**Employee required to travel to work or for work purposes** - Please provide information concerning your employer and nature of your work;

Are you regularly required to travel away from your employer's normal place of business as a condition of employment?    Yes  No

Employer's name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer's address: \_\_\_\_\_

Nature of work: \_\_\_\_\_

**For travel to school, for medical, pleasure/leisure or other purposes** - Please provide information concerning your school, medical, pleasure/leisure or other activities;

Name of school/medical facility: \_\_\_\_\_ Phone Number \_\_\_\_\_

School/medical facility address: \_\_\_\_\_

For school, leisure or other please provide the term(s) or season(s) involved: \_\_\_\_\_

For medical please indicate if on-going  or temporary . If temporary, please indicate anticipated length of treatment in months \_\_\_\_\_.

**Fuel Consumption Information:**

**Vehicle and / or Equipment Information:**

The make, year, model, odometer reading and vehicle identification number (VIN) of the vehicles involved must be provided.

Vehicle Make	Year	Model	Odometer Reading	Vehicle Identification Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Travel Information:**

The destination(s)/location(s), reason, kilometres (km) and frequency or number of times per week or month.

Destination/Location	Reason*	Kilometres	Number of Times Per		
			Week	Month	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\* Business, work, school, medical, pleasure/leisure (hockey, dance, shopping, ...etc) or other (please explain).

**Applicant Authorization and Declaration:**

The Department of Service Nova Scotia and Municipal Relations may use my vehicle registration information and my Nova Scotia Driver’s Licence information for the purposes of administering exemptions from gasoline and diesel oil tax; and

I declare that the information given on this form is true, complete and correct in every respect.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date: (Day/Month/Year)*

**Notes:**

**All applicants must apply and receive approval for the Nova Scotia Indian Fuel Tax Exemption Program prior to having their Request for Increased Exemption approved.**

**Request for increased exemptions must be renewed every three years.**

**Should you require further information about this program please phone 1-800-565-2336 (toll free).**