

Service Nova Scotia and Municipal Relations **Provincial Tax Commission**  8South, Maritime Centre 1505 Barrington Street PO Box 755 Halifax, Nova Scotia B3J 2V4

## **Nova Scotia Indian Fuel Tax Exemption Program Application**

APPLICANT INF	ORMATION			
Given Name:	Firs	t	Middle	Last
Civic Address (not a PO Box):	Street#	Street		Unit/Suite/Apt #
	City/Town/County		Province	Postal Code
	Phone Number	Fax Number		E-mail Address
Mailing Address: (if different from above)	Street#	Street		Unit/Suite/Apt #
	City/Town/County		Province	Postal Code
Indian Band:				
Band Number:	Your Registry Number:			
Date of Birth:	Year / Month / Day			
<ul><li>and correct in ev</li><li>I shall not resell</li><li>I agree that I sha</li></ul>	m the person describerery respect. any gasoline or diese	el oil purchased und Scotia Driver's Lice	ler this exemption ence to a retailer or	n an Indian reserve solely for the
Signature of Applic	cant			Date

## **AUTHORIZATION**

Signature of Band Registrar

I hereby authorize

- The Department of Service Nova Scotia and Municipal Relations to provide the information on my Nova Scotia Driver's Licence to retailers who sell fuel on Indian reserves, for the purpose of administering exemptions from gasoline and diesel oil tax;
- The Department of Service Nova Scotia and Municipal Relations to provide the information on this form to the Department of Indian and Northern Affairs Canada for the purpose of confirming the Certificate of Indian Status Card information;
- The Department of Indian and Northern Affairs Canada to release my Certificate of Indian Status Card information to the Department of Service Nova Scotia and Municipal Relations; and

Date