



This registration form with schedules 1 and 2 is used to apply for registration of the Prescribed Rebate Off-Road Percentages (PROP). Upon approval of your registration you will receive a supply of claim forms, or you may file your claim via the web. You will be advised of the rebate percentages applying to your industry. For more information call Tax and Revenue Administration at (780)427-3044. If calling long distance within Alberta, call 310-0000 then enter (780)427-3044. Fax (780)427-0348. Additional forms may be obtained from our Internet site at www.finance.gov.ab.ca or requested from our office using the phone number or address given above.

<p>1. Full Legal Name of Corporation, Partnership or Individual <input type="checkbox"/> (surname, first name)</p>	<p>7. For Office Use Only</p> <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">28</div>														
<p>2. Business or Operating Name (If different from legal name) <input type="checkbox"/></p>															
<p>3. Type of Ownership (Please check)</p> <p><input type="checkbox"/> Corporation: _____ Alberta Corporate Account Number (may be 9 or 10 digits) Standard Industrial Classification Code: _____</p> <p><input type="checkbox"/> Proprietorship</p> <p><input type="checkbox"/> Partnership Number of partners: _____</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>8. Business Identification Number (Number assigned by Alberta Finance. If unsure of this number, leave this field blank.)</p> <p>_____</p> <p>9. Motor Vehicle Identification Number (MVID) (From your Vehicle Registration Certificate)</p> <p>_____</p>														
<p>4. Mailing Address:</p> <p>_____</p> <p>-----</p> <p>City/Town _____ Prov. _____ Postal Code _____</p> <p>Contact Name _____</p> <p>Phone Number _____ Fax Number _____ () ()</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">14. Type of Industry</th> <th style="width:30%;">Start Date</th> </tr> <tr> <td style="text-align: center;"><i>Please check</i></td> <td style="text-align: center;">YYYYMMDD</td> </tr> <tr> <td>Oil & Gas Drilling</td> <td></td> </tr> <tr> <td>Oil and Gas Geophysical or Seismic Exploration</td> <td></td> </tr> <tr> <td>Oil and Gas Producers</td> <td></td> </tr> <tr> <td>Oil and Gas Service</td> <td></td> </tr> <tr> <td>Forestry</td> <td></td> </tr> </table>	14. Type of Industry	Start Date	<i>Please check</i>	YYYYMMDD	Oil & Gas Drilling		Oil and Gas Geophysical or Seismic Exploration		Oil and Gas Producers		Oil and Gas Service		Forestry	
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<p>5. Business Address (If different from mailing address above):</p> <p>_____</p> <p>-----</p> <p>City/Town _____ Prov. _____ Postal Code _____</p>															
<p>6. Location of Books and Records</p> <p>_____</p> <p>-----</p> <p>City/Town _____ Prov. _____ Postal Code _____</p>															

See Reverse

The personal information that you provide on this form will be used for the purpose of administering the Fuel Tax Act and Regulations (RSA 2000). It is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (RSA 2000). It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information you can contact Tax and Revenue Administration at the telephone numbers and address listed above.

10. WCB Industry Codes:

Types of Operation

Membership

■ (Relating to Box 14 activities)	Please describe activities	Please check
WCB Industry Code: <input type="text"/>	----- -----	<input type="checkbox"/> CAODC
WCB Industry Code: <input type="text"/>	----- -----	<input type="checkbox"/> CAGC
WCB Industry Code: <input type="text"/>	----- -----	<input type="checkbox"/> CAPP
WCB Industry Code: <input type="text"/>	----- -----	<input type="checkbox"/> PSAC
WCB Industry Code: <input type="text"/>	----- -----	<input type="checkbox"/> FISLA
(Attach a listing if you have more than 5 codes.)	-----	<input type="checkbox"/> AFPA
	-----	<input type="checkbox"/> Other (specify below)
<i>(Please note, we may contact your association to confirm membership, name and address.)</i>		
		<input type="checkbox"/> Non-Member

15. Do you have other off-road operations besides those indicated in box 14? Yes No

If yes, please specify the type(s) of operations and provide the related WCB Industry Code(s):
(If space is insufficient, attach a separate page listing the other off-road operations and codes)

_____ WCB Industry Code:

16. Are you purchasing fuel for Unlicensed Equipment? Yes No

■ a) If yes, please provide your TEFU number: _____

b) If using clear fuel, please provide the reason: _____

17. Does this legal entity have an Alberta Farm Fuel Benefit Number (AFFB)? Yes No

■ If yes, please provide your AFFB number: _____

18. Do you have any vehicles registered under the International Fuel Tax Agreement (IFTA)? Yes No

■ If yes, provide the state or province where you are registered: _____

19. To register to use PROP Internet service, please provide your e-mail address.
A minimum of one e-mail address is mandatory.

EMAIL ADDRESS	USER ID (maximum 20 letters including ".")		
	First Name	Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If you require more spaces for listing e-mail addresses and user ID's, please attach a separate list.

APPLICANT'S AUTHORIZATION

Complete this authorization box if this application was NOT prepared by the applicant.

I, _____, authorize _____ of _____
name of applicant or signing officer name of person who prepared this form name of company (if applicable)

at _____ to discuss the contents of this application with Tax and Revenue Administration.
preparer's phone number preparer's fax number

Signature of Applicant: _____ Date: _____

CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the information contained in this registration is true, correct and complete and the information reported relates to eligible off-road operations in Alberta as defined in section 7 of the Fuel Tax Act.

Name: _____ Position: _____ Phone: _____
(please print)

Signature of Applicant: _____ Date: _____

This registration must be signed by an authorized officer of the legal entity.