

This Declaration form may be completed by an Indian who is registered under the Indian Act, who is 16 years of age or older; or by an authorized signing officer on behalf of an Indian Band with all or part of its reserve located in Alberta or with an office in Alberta. Once approved, Alberta Finance will issue an Alberta Indian Tax Exemption Card, which you must present to purchase fuel or tobacco free of provincial tax on Indian Reserves from stores which are registered with Alberta Finance.

Send the completed form to: TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB T5K 2L5. If you have any questions, telephone (780)427-3044. If calling long distance within Alberta, call 310-0000 then enter (780)427-3044. Fax (780)427-0348

<p>A. Type of Applicant: (please check one)</p> <p><input type="checkbox"/> Individual      Band Name: _____</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Indian Band      Name: _____</p> <p style="text-align: center;">Band Number: _____</p> <p>If type of applicant is " Indian Band" , complete only item 5 and the Declaration box.</p>	<p>For Office Use Only</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; font-weight: bold;">19</div>
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B. Reason for Application:

<input type="checkbox"/> First Card	OR	<input type="checkbox"/> Address Change Only	OR	<input type="checkbox"/> Replacement Card <i>check one box to indicate the reason:</i>	<input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Name Change <input type="checkbox"/> Expired
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If you had an Alberta Indian Tax Exemption Card before, please specify the name used on your prior card.

Same, or \_\_\_\_\_

1. Your Registry Number: \_\_\_\_\_ **Must be 10 digits**  
(If not known, please call your band office)

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2. Date of Birth: \_\_\_\_\_  
(Note: If the Registry Number and Date of Birth are not completed, the Declaration form will be returned to you.)

3. Last Name: \_\_\_\_\_

4. First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Area Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**DECLARATION: I HEREBY DECLARE AND AGREE THAT**

1. The information given on this form is true and correct.
2. I am the person described on this form or the person designated to sign on behalf of the band.
3. The fuel and/or tobacco that I will buy free of provincial tax will not be resold.
4. The information provided on this form may be communicated to retailers who sell fuel and/or tobacco on Indian reserves, for the sole purpose of administering exemptions from tax.

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

(Note: This Declaration form must be signed. If it is not signed, this form will be returned to you.)

If the applicant signs with an "X", then someone 18 years of age or older, who knows the applicant must witness the mark.

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information is collected on this form for the purpose of administering the Fuel Tax Act and the Tobacco Tax Act. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. Questions about the collection of this information should be directed to the telephone numbers and address listed at the top of this form.