

Application for Marked Gasoline and/or Marked Diesel Oil Permit for Pleasure Craft Owners/Operators (Pursuant to the Prince Edward Island Gasoline Tax Act, Revenue Tax Act, and Revenue Administration Act R.S.P.E.I. 1988)

Mail to:

Effective Date:

Provincial Treasury, Taxation and Property Records PO Box 1150, Charlottetown, PE C1A 7M8 Tel: (902) 569 7541 Fax: (902) 368 6164 www.taxandland.pe.ca

Freedom of Information and Protection of Privacy

Personal information on this form is collected under Section 20 of Prince Edward Island's *Revenue Administration Act* and will be used for the purpose of tax administration and enforcement. If you have any questions about this collection of personal information, you may contact the Manager, Tax Administration and Client Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Deliver to:

95 Rochford Street Shaw Building, 1st Floor Charlottetown, PE C1A 3T6 or: any Access PEI Centre

Access No.

Section A. Owner Burn	" o" Off"	n Indones d'a					
Section A – Owner, Partne Name:	r or Office	rintormation					
∕lailing Address:					Province:	Postal Code:	
naming Address.					T TOVITICE.	1 ostal code.	
Civic Address (Street#/ Street Name/ Suite# or Apt#/ City, Town or Village):					Province:	Postal Code:	
Felephone Number:	ax Number:		E-mail:				
re you currently in possession	of a Marked	d Gasoline and/o	L or Marked Diese	l Oil Permit?			
lo □ Yes □ If yes, please p	orovide perm	it number:	c	lient Access Number (if	applicable)		
Saction D. Annhaine for th	a Maylead	Casalina and	Vov Morked D	ional Oil Barrait			
Section B – Applying for th	ne <i>Marked</i>	Gasoline and	/or Marked Di	lesei Oli Permit			
. Provide the following informa	-			-			
Name of vessel:			Province	state of registration:			
Vessel registration number:			<u> </u>				
. Date vessel purchased:	dd			Seller's name:			
	dd	mm	уу				
Amount paid: \$ If no revenue tax paid, pleas	so oncloso (ue (Sales) Tax paid: \$_			
s. List the vessel(s) in which tax Type of vessel	exempt fuel	-			Eu.	al tura	
Type of vesser		Make and model		Horsepower	Fuel type		
. Is the fuel tank: ☐ affixed	□ portal	ble					
. Indicate the estimated annual	•		nment listed aho	N/A			
Marked	Tuel consum	Marked diesel	prinerit iisted abc	Tax exe	empt		
gasoline:	litres	oil:		litres propane	•	litres	
Section C - Certification							
certify that the information con							
nder the Revenue Administrat eporting and payment requiren					o comply with the	e record keepir	
				-			
Name of Applicant (please p	rint)		Date				
				()			
Owner of vessel (if different,	than applica	ant)		Telephone			
For Office Use Only – Fuel	Tax Exem	ption Permit					
Application Status: Approved □	Denied □		Fuel Ty	pe:			
Fuel Tax Exemption Number:			Consum	Consumer Type:			

Comments:

Expiry Date: