

Name:

Enrolment for PRESCRIBED REBATE OFF-ROAD PERCENTAGES (PROP) SCHEDULE 2

Business Identification Number:

(Legal name of Applicant)

List of Vehicles and Unlicensed Equipment used in Off-Road Operations

Provide a detailed description of your licensed vehicles used in off-road operations, plus unlicensed equipment if marked fuel is available. If more space is required, complete additional page(s) or provide an attached spreadsheet (for scanning purposes, all attachments must be letter/portrait orientation) containing the same information as shown below. Rig packages should be clearly grouped.

Unit Category (see schedule 1)	Unit #	Make	Model	Year	Type of Unit	Fuel Type	Vehicle Identification Number (VIN) for licensed vehicles. Unlicensed vehicles use equipment or unit number.	Legal Name of Registered Owner of Unit (if other than applicant)	Acquisition	Disposition
(e.g.) 6A	20	Ford	F150	2000	Crew Truck	Gas	XXXXXXXXXXXXXX	ABC Inc.	Aug 15/07	

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