



FINANCE

Tax and Revenue Administration

PRESCRIBED REBATE OFF-ROAD PERCENTAGES (PROP) ENROLMENT APPLICATION

The Alberta Fuel Tax Act

This enrolment form with schedules 1 and 2 is used to apply for enrolment under the Prescribed Rebate Off-Road Percentages (PROP). Upon approval of your enrolment you will be advised of the rebate percentages that apply to your entity. Please use our Tax and Revenue Administration Client Self Service (TRACS) system to file your claims, or file a paper claim using form AT277. Information regarding the TRACS system can be found at www.finance.gov.ab.ca/tracs. 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, firstname)</p>	<p>7. For Office Use Only</p> <div style="border: 1px solid black; padding: 2px; text-align: right; font-weight: bold;">28</div>														
<p>2. Business or Operating Name (If different from legal name) <input type="checkbox"/></p>	<p>8. Business Identification Number (Number assigned by Alberta Finance. If unsure of this number, leave this field blank.)</p>														
<p>3. Type of Ownership (Please check)</p> <p><input type="checkbox"/> Corporation: _____ <small>Alberta Corporate Account Number (may be 9 or 10 digits)</small></p> <p><input type="checkbox"/> Proprietorship/Individual</p> <p><input type="checkbox"/> Partnership (Please provide copy of partnership's agreement) <small>Please also specify legal name and primary business activity for each partner included in the partnership listed in the above section 1. (if space is insufficient, provide an attachment)</small></p> <p>1. _____ / _____ 2. _____ / _____ 3. _____ / _____</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>9. Motor Vehicle Identification Number (MVID) <input type="checkbox"/> For Entity Enrolling <small>(From your Vehicle Registration Certificate)</small></p>														
<p>4. Business Mailing Address (mandatory field): confidential account access information will be sent to this address. This should not be the same address as your third party informaton.</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-right: 50px;"><small>Prov.</small> <small>Postal Code</small></p> <p>_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ </p> <p><small>Phone Number</small> () () <small>Fax Number</small> () ()</p>	<p>10. Is this an amended enrolment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
<p>5. Third Party Address: If you do not have a third party preparing your rebate, leave this section blank. Complete this section if you require TRA to forward your rebate cheque and correspondence to the third party you authorized in section 18.</p> <p>c/o</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-right: 50px;"><small>Prov.</small> <small>Postal Code</small></p> <p>_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ </p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">11. Type of Industry <small>Please check</small></th> <th style="width:30%;">Operations Start Date <small>YYYY/MM/DD</small></th> </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> <tr> <td colspan="2" style="text-align: right;"><i>See Reverse</i></td> </tr> </table>	11. Type of Industry <small>Please check</small>	Operations Start Date <small>YYYY/MM/DD</small>	Oil & Gas Drilling		Oil and Gas Geophysical or Seismic Exploration		Oil and Gas Producers		Oil and Gas Service		Forestry		<i>See Reverse</i>	
11. Type of Industry <small>Please check</small>	Operations Start Date <small>YYYY/MM/DD</small>														
Oil & Gas Drilling															
Oil and Gas Geophysical or Seismic Exploration															
Oil and Gas Producers															
Oil and Gas Service															
Forestry															
<i>See Reverse</i>															
<p>6. Location of Books and Records</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: right; margin-right: 50px;"><small>Prov.</small> <small>Postal Code</small></p> <p>_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ </p>															

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

12. WCB Industry Codes:

Type of Operations

Membership

<p>■ (Relating to Box 11 activities)</p>	<p>Please provide a detailed description of all operations</p>	<p>Please check</p>
<p>WCB Industry Code: <input type="text" value=""/> (Not account number)</p>	<p>----- -----</p>	<p>■ <input type="checkbox"/> CAODC</p>
<p>WCB Industry Code: <input type="text" value=""/></p>	<p>----- -----</p>	<p><input type="checkbox"/> CAGC</p>
<p>WCB Industry Code: <input type="text" value=""/></p>	<p>----- -----</p>	<p><input type="checkbox"/> CAPP</p>
<p>WCB Industry Code: <input type="text" value=""/></p>	<p>----- -----</p>	<p><input type="checkbox"/> PSAC</p>
<p>WCB Industry Code: <input type="text" value=""/></p>	<p>----- -----</p>	<p><input type="checkbox"/> FISLA</p>
<p>WCB Industry Code: <input type="text" value=""/> (Attach a listing if you have more than 5 codes.)</p>	<p>----- -----</p>	<p><input type="checkbox"/> AFPA</p>
		<p><input type="checkbox"/> Other (specify below)</p>
		<p>(Please note, we may contact your association to confirm membership, name and address.)</p>
		<p><input type="checkbox"/> Non-Member</p>

13. Do you have other off-road operations besides those indicated in box 11? 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:

14. Are you purchasing fuel for Unlicensed Equipment?
 ■ a) If yes, please provide your TEFU number: A ____ - 06 Yes No

b) If using clear fuel, please provide the reason: _____
 (Please refer to Information Circular PROP-1 for additional information)

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

■ If yes, please provide your AFFB number: _____

16. 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: _____

Do you have any vehicles registered under International Registration Plan (IRP)? Yes No

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

17. Are you tracking fuel? (recording fuel volumes dispensed into each unit) Yes No

■ If yes, how? _____

If space is insufficient, attach a separate page with your explanation.
 (Please refer to Information Circular PROP-1 for additional information)

18. **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 and
 preparer's phone number preparer's fax number have the rebate cheque and correspondence mailed to address of third party (field 5).

Signature of Applicant: _____ Date: _____

19. **CERTIFICATION**

I hereby agree to comply with the record keeping requirements. I hereby certify that, to the best of my knowledge and belief, the information contained in this enrollment is true, correct and complete.

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

Signature of Applicant: _____ Date: _____

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