

Name of Applicant _____

Year Month Day

For Claim Period Ending

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Type of fuel purchase:
Check ONLY ONE box
per Schedule

- Clear Gasoline
 Clear Diesel
 Tax Paid Propane (LPG)

A current list must be submitted for each claim. The list must document specifications for each piece of licensed equipment as outlined below.
Please complete as many schedule(s) as necessary.

Unit REF #(s)	Make & Model	Model Year	Name of Registrant if Other Than Applicant (eg. lease, etc.)	Vehicle Identification Number	Acquisition Date	Disposition Date	HP/Engine Displacement (litres)	Engine Manufacturer	Fuel Type	PTO Make	PTO Accessory Type	TRA Use Only
Example #1	Kenworth T800	2001	N/A	xxxxxxxxxxxx	Nov 1/01		450/14.6	Cummins	Diesel	Chelsea	Winch	
Example #2	Ford F150	2004	Lease Co.	xxxxxxxxxxxx	Jan 20/05		300/5.4	Ford	Gas	N/A	N/A	
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