Alberta
FINANCE
Tax and Revenue Administration

UNLICENSED EQUIPMENT LISTING
TEFU REBATE - SCHEDULE E

Name of Applicant _____

For Claim Period Ending Year Month Day

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 unlicensed equipment as outlined below.
Please complete as many schedule(s) as necessary.

Unit REF #(s)	Engine Manufacturer	Activity Type & Model	Model Year	Owner If other than Applicant	Acquisition Date	Disposition Date	HP	Fuel Type	TRA Use Only
Example	Honda	Generator	2004	ABC Rentals	Jan 1/05	N/A	5 HP	Gas	

Name of Applicant _____ Period Ending

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