

A rebate of the fuel tax paid is available to farmers who have purchased clear aviation fuel for use in eligible farming operations. These operations include aerial seeding and aerial application of herbicides, pesticides and fertilizers on farm land for farmers. Application for a fuel tax rebate must be made not later than 3 years after the end of the year in which the fuel was purchased and may not be submitted more frequently than every three months. One original copy of this application must be submitted together with your fuel and customer invoices to Tax and Revenue Administration, 9811 109 ST, EDMONTON AB T5K 2L5. If you have any questions, please phone (780)427-3044. If calling long distance within Alberta, call 310-0000 then enter (780)427-3044. Copies of this application and your invoices must be retained for audit purposes. Additional forms may be obtained from our Internet site at [www.finance.gov.ab.ca](http://www.finance.gov.ab.ca) or requested from our office using the phone number or address given above.

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| <p>1. Business Identification Number<br/> <input type="checkbox"/> (number assigned by Alberta Revenue)<br/>                 If unsure of this number or if this is your first claim, leave this field blank.</p> <p>2. Alberta Farm Fuel Benefit Registration Number</p> <p>3. Social Insurance Number <b>OR</b> Federal Business Number<br/>                 R C</p> <p>4. Legal Name of Applicant (corporate name or surname/first name)</p> <p>5. Business or Operating Name (if different from legal name)</p> <p>6. Business Address of Applicant</p> <p style="text-align: right;">Postal Code</p> <p>7. Mailing Address<br/>                 (if the cheque and correspondence are to be sent to an address other than above, please provide the mailing address)</p> <p style="text-align: right;">Postal Code</p> | <p>8. For Office Use Only <span style="float: right; border: 1px solid black; padding: 2px;"><b>14</b></span></p> <p>Claim Period (minimum three month period)</p> <p style="text-align: center;">Y Y Y Y M M D D</p> <p>10. Period Beginning</p> <p>11. Period Ending</p> <p>12. Is this your first claim?<br/>                 Yes <input type="checkbox"/> No <input type="checkbox"/><br/>                 If "No", and your name has changed since your last claim, please provide your previous name: _____</p> <p>13. Is this an amended claim?<br/>                 Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
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14. What was your approximate **annual gross** farming income? (i.e. both your own farming income and income from aerial spraying related to farmers with valid Alberta Farm Fuel Benefit Registration Numbers. Do NOT include rental income from commodities produced from farm assets that are rented/leased to someone else.)

- Less than \$5,000     
  \$5,001 - \$9,999     
  \$10,000 or more

15. Is the fuel being claimed consumed only in aerial application equipment?    Yes     No

If no, please specify where fuel was consumed: \_\_\_\_\_

**Please note that support units, including trucks used to haul product, are not eligible for the Rebate**

**COMPLETE THE FOLLOWING CHECKLIST BEFORE SUBMITTING YOUR CLAIM**

- All applicable areas on this application have been completed.
- Both** Schedule 1 (form AT4824) and Schedule 2 (form AT4825) have been completed.
- Fuel invoices to support Schedule 1 and customer billings to support Schedule 2 are enclosed.

**Failure to comply with any of the above items may result in delayed processing, a reduced rebate or the return of an incomplete application.**

Business Identification Number(BIN): \_\_\_\_\_

Period Ending: \_\_\_\_\_

**FUEL TAX REBATE**

**Aviation Fuel Consumed** (Enter the total carried forward from Schedule(s) 2):

**Total Fuel Tax Rebate**  
Litres consumed (invoiced): \_\_\_\_\_ X \$0.015 = \_\_\_\_\_ \$ **36** \_\_\_\_\_  
**(14)**

Fuel purchase and customer invoices must be included with this application. Your invoices will be returned to you.

**PARTNERSHIPS**

If this application is being filed on behalf of a partnership, provide the Social Insurance Number or Federal Business Number, name and address of EACH member of the partnership:  
(attach a list if more space is required)

| Social Insurance Number OR<br>Federal Business Number | Legal Name | Address |
|---|------------|---------|
|   |            |         |
|   |            |         |
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**CERTIFICATION**

I hereby certify that, to the best of my knowledge and belief, the information contained in this application is true, correct and complete and that the fuel herein reported was consumed in eligible operations in Alberta as defined in the Fuel Tax Act.

Name: \_\_\_\_\_ (please print) Position: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**This application must be signed by the applicant or an authorized signing officer of the company**

Personal information is collected on this form for the purpose of administering the Fuel Tax Act. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. Questions about the collection of this information should be directed to the telephone numbers and address listed at the top of this form.