

Please complete this form if you:

- sell marked fuel or clear fuel to a consumer or another Fuel Seller;
- export clear or marked fuel from Alberta in bulk and;
- are the owner of this fuel.

Do not fill out this form if you:

- sell only clear taxable fuel to consumers
- are registered as a full direct remitter who pays tax to TRA (see form AT4905)
- are required to remit tax on Liquefied Petroleum Gas (LPG) (see form AT366)
- are seeking a refund on LPG (see form AT384)
- would like to register as an Alberta Indian Tax Exemption (AITE) Retailer (see form AT4804)
- intend to import clear fuel from outside the province of Alberta (see form AT4905)

An Independent Fuel Seller shall only sell marked fuel to consumers who have provided evidence of eligibility to be in possession of marked fuel. Sales of marked fuel for resale can only be made to a registered Exempt-Sale Vendor. All sales of marked fuel sold in Alberta to farmers and tax-exempt fuel users must be reported to Alberta Finance electronically.

This form must be submitted to:

TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB, T5K 2L5. If you require assistance, please phone (780)427-3044. If calling long distance within Alberta, please call 310-0000 then enter (780)427-3044.

<p>1 Full Legal Name of Corporation, Partnership, or Individual (surname, first name)</p>	<p>8 For Office Use Only</p>																								
<p>2 Alberta Business Identification Number (if known)</p>	17																								
<p>3 Business or Operating Name (only if different from legal name)</p>																									
<p>4 Type of Ownership (please check)</p> <p><input type="checkbox"/> Corporation: _____ corporate account number</p> <p><input type="checkbox"/> Proprietorship</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Partnership, number of partners: _____ - Please list all partner names in Question 1.</p>	<p>9 What date did you start operating the business?</p> <p style="text-align: center;">Year Month Day</p> <p style="text-align: center;"> _ _ _ _ _ _ </p>																								
<p>5 Mailing Address:</p> <p>-----</p> <p>City/Town Province Postal Code</p>	<p>10 Please provide the name of the previous owner:</p> <p>_____</p> <p>Date of ownership change:</p> <p style="text-align: center;">Year Month Day</p> <p style="text-align: center;"> _ _ _ _ _ _ </p>																								
<p>6 Business Address (if different from above)</p> <p>-----</p> <p>City/Town Province Postal Code</p>	<p>11 Type of Operation: (please check)</p> <p><input type="checkbox"/> Seller of marked fuel</p> <p><input type="checkbox"/> Seller of marked fuel and Exporter</p> <p><input type="checkbox"/> Exporter of clear or marked fuel only</p>																								
<p>7 Location of Books and Records</p> <p>-----</p> <p>City/Town Province Postal Code</p>	<p>12 Within Alberta, do you:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a) sell marked fuel to AFFB customers?</td> <td style="width: 5%; text-align: center;">Yes</td> <td style="width: 15%; text-align: center;">No</td> </tr> <tr> <td>b) sell marked fuel to TEFU customers?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c) sell to a reseller?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d) sell aviation fuel?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e) sell bunker fuel?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f) sell methanol?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>g) sell kerosene?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>h) sell condensate?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>If exporting, please specify jurisdiction and indicate type of fuel:</p> <p>_____</p>	a) sell marked fuel to AFFB customers?	Yes	No	b) sell marked fuel to TEFU customers?	<input type="checkbox"/>	<input type="checkbox"/>	c) sell to a reseller?	<input type="checkbox"/>	<input type="checkbox"/>	d) sell aviation fuel?	<input type="checkbox"/>	<input type="checkbox"/>	e) sell bunker fuel?	<input type="checkbox"/>	<input type="checkbox"/>	f) sell methanol?	<input type="checkbox"/>	<input type="checkbox"/>	g) sell kerosene?	<input type="checkbox"/>	<input type="checkbox"/>	h) sell condensate?	<input type="checkbox"/>	<input type="checkbox"/>
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13. Listing of your suppliers and their locations:

Name of Supplier	Physical Location	Type of Fuel

14. How will you be reporting your marked fuel sales ?

Please circle one - Internet or File Transfer Protocol (FTP)

15. Please specify the fuel licensing jurisdiction that you are licensed in and provide copies of your business licenses and zoning certificates (if applicable).

16. Do you intend to sell marked fuel but have no permanent storage facility? Yes No

17. Please list all your bulk plant and cardlock locations on Schedule 1.

18. Name of Contact Person:

Name: _____ Telephone: _____ Fax: _____

Title: _____ E-mail Address: _____

CERTIFICATION

I hereby certify that:

- *The information given on this form is true, accurate, and complete.*
- *I will protect information obtained for the purpose of verifying the eligibility of consumers to purchase marked fuel per section 18 of the Fuel Tax Act. I will do this by means of reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure, copying, modification, disposal or destruction.*
- *I will only dispense marked fuel from a bulk plant or cardlock and not from a retail station.*

Name: _____ Telephone: _____ Fax: _____

(Please print)

Signed: _____ Date: _____

(Authorized Signing Officer)

The information that you provide on this form will be used for the purpose of administering the Fuel Tax Act and may be published or disclosed as required according to section 63 of that Act. Personal information 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. Any questions about the collection, use or disclosure of the information provided on this form should be directed to the telephone numbers and address listed on the top of page 1 of this form.