

This form is NOT to be used for fuel consumed in farming operations (refer to form AT4755). To determine if you are eligible to claim a fuel tax rebate, refer to Information Circular TEFU-1. One original copy of this application together with the appropriate schedule(s), all fuel invoices and documentation to support your claim **must be received within 3 years from the end of the year in which the fuel purchase was made.** Submit complete applications to: **TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB T5K 2L5.** Invoices will be returned after the claim is processed. 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. Business Identification Number ■ (Number assigned by Alberta Revenue. If unsure of this number or if this is your first claim, leave this field blank.)</p> | <p>8. For Office Use Only</p> <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">09</div> |
| <p>2. Motor Vehicle Identification Number (MVID) (from your Vehicle Registration Certificate)</p> | <p>Claim Period: (minimum 3 months) Y Y Y Y M M D D</p> <p>10. Period Beginning</p> <p>11. Period Ending</p> |
| <p>3. Alberta Corporate Account Number (if applicable) May be 9 or 10 digits</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>12. Is this your first claim? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", copies of fuel invoices must be provided. If "No", and your legal name has changed since your last claim, please provide your previous name.</p> |
| <p>6. Business Address of Applicant</p> | |
| <p>7. Mailing Address (if the rebate and correspondence are to be sent to an address other than above, please provide the mailing address) c/o</p> | |
| <p>Prov. Postal Code</p> | <p>13. Is this an amended claim? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", please note that amended claims must be completed separately from new claims. Amended and new claims cannot be combined on the same forms.</p> |
| <p>Prov. Postal Code</p> | |
| <p>Prov. Postal Code</p> | |

14. Type of Operation: (enter the appropriate number in the box)

- | | | | |
|---|--|--|---|
| <input style="width: 30px; height: 20px;" type="text"/> 1 = Forestry (includes hauling) 2 = Mining 3 = Excavating/Land Clearing 4 = Generation of Electricity 5 = Oil or Gas Well Servicing 6 = Oil or Gas Drilling 7 = Oil or Gas Exploration | 8 = New Road Construction 9 = Pipeline Construction 10 = Seismic 11 = Water Hauling 12 = Equipment Hauling 13 = Commodity Hauling | 14 = Reefer Trailers (Off-road) 15 = General Construction 16 = Home Heating 17 = Commercial Fishing 18 = Foreign Government 19 = Municipality | 20 = Educational Institute 21 = Federal Government 22 = Golf Course 23 = Landscaping 24 = Other (specify below) |
|---|--|--|---|

If 24, specify: _____

15. Describe the nature of operations for which Alberta tax paid fuel was used:
 (If space is insufficient, provide an attachment)

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.

16. Is this claim a result of a rebilling by your fuel supplier? _____ Yes No
17. Does this claim include unlicensed equipment? _____ Yes No
 If yes, please provide your Fuel Tax Exemption Number _____ and check the applicable box to indicate why marked fuel was not reasonably available:
 Farmer with AFFB# _____
 No bulk fuel dealer located within 50 kilometer radius of the consumer has marked fuel available for sale.
 Work location: _____ Supplier: _____
 The fuel is being used in a project where clear fuel must also be used and there is a restriction (such as zoning) which prevents the consumer from having more than one fuel storage tank.
 Other _____
18. Did you add/replace additional equipment to your operation for this claim period? _____ Yes No
 Please specify _____
19. How many hours per day do you work on an average? _____
20. Have you included vehicles registered under International Fuel Tax Agreement (IFTA)? _____ Yes No
21. Is fuel purchased by you re-sold to other parties who might claim rebates for tax on that fuel? (see example in Information Circular TEFU-1) _____ Yes No
 If "Yes", attach a list of their legal names and the number of litres sold to each party.
22. Was any fuel on which you are claiming a tax rebate purchased in the name of another person or company? Fuel purchases must be listed on a separate schedule A(s) _____ Yes No
 If "Yes", a fuel tax rebate agreement must be attached for each initial purchaser.
 (see example in Information Circular TEFU-1)
23. Is the data on schedule B derived from
 actual daily logs; a survey or analysis of actual books and records. Other
 (must be for a minimum of one month) Please specify _____

| FUEL TAX REBATE | | Total Fuel Purchased From Schedule A(s) | Total Off-Road Litres From Schedule B(s) & C(s) | | | | Office Use |
|-------------------|-------|---|---|------------------------------|--------------|--|------------|
| Clear Gasoline | _____ | _____ | _____ | X \$.09 = \$ | 30 | | |
| Clear Diesel | _____ | _____ | _____ | X \$.09 = \$ | 32 | | |
| Tax Paid Propane* | _____ | _____ | _____ | X \$.065 = \$ | 34 | | |
| | | | | Total Rebate Claimed: | \$ 36 | | |

* for motive use only when dispensed through an automotive dispensing system

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
 preparer's phone number preparer's fax number
 Administration.

Signature of Applicant: _____ Date: _____

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 section 7 of the Fuel Tax Act.

Name: _____ Position: _____ Telephone Number: () _____
 (please print) Signature of Applicant: _____ Date: _____
 Fax Number: () _____

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

COMPLETE THE FOLLOWING CHECKLIST

- All applicable areas on this application have been completed.
- Schedule A(s) listing all the fuel purchase invoices are enclosed.
- First time claimants only:** the fuel purchase invoices/statements are enclosed.
- Schedule B(s) providing licensed unit fuel consumption calculations are enclosed.
- Schedule C(s) providing unlicensed equipment consumption calculations are enclosed.
- Schedule D(s) listing all units and equipment 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.