

To support this claim, attach copies of invoices and an explanation of the method used to determine the loss amount. If necessary, additional information may be requested by Tax and Revenue Administration.

Name of Agent: _____ For the Period Ended: _____

Business Identification Number (BIN): _____

Prepare in duplicate and retain one copy for audit purposes.

1. Adjustment claim for: (please check)

- Loss due to theft Loss due to fire
 Customer bankruptcy/receivership/insolvency
 Other, specify: _____

Date of loss of Notice of Bankruptcy/Receivership:

2. Clear Fuel Adjustment Claim:

Fuel Type	Invoice No.	Litres	Tax Rate	Claim Amount *
Aviation Gasoline			\$0.015	
Gasoline			\$0.09	
Diesel			\$0.09	
Heating Fuel			\$0.09	

* Carry forward the individual claim amount for each fuel type to line 14 of the applicable Generic Fuel Collector Summary Form (i.e. FTG-TAX and/or FTD-TAX depending on which fuel type requires adjustment).

3. Incident Location/Customer Name and Address:

4. If loss is due to fire or theft, was a police or fire commissioner's report prepared?

- Yes No

If yes, provide file number: _____ and
 if available, a copy of the report.

5. Is there insurance coverage for all or any portion of the loss?

- Yes No

If yes, please provide explanation of the coverage and the claim amount paid or payable.

Name of Insurance Company:

Agent or Adjustor's Name and Address:

6. If loss is due to bankruptcy/receivership, provide name and address of:

- Trustee Receiver

7. If loss is due to customer insolvency, please provide details of any collection attempts:

Collection Agency: _____

Legal Action Taken: _____

Securities Held: Type: _____ Location: _____

Recoveries Made: _____ Amount \$ _____

Other: _____

Signed: _____ Title: _____ Date: _____