



Department of Finance  
Taxation and Property Records

**Application for Marked Gasoline and/or  
Marked Diesel Oil Exemption Permit for Fishers**

(Pursuant to the Prince Edward Island Gasoline Tax Act and  
Revenue Administration Act R.S.P.E.I. 1988)

CANADA

**Mail to:**

Department of Finance, Taxation and Property Records  
PO Box 1150, Charlottetown, PE C1A 7M8  
Tel: (902) 368 4070 Fax: (902) 368 6164

Web Site: [www.princeedwardisland.ca](http://www.princeedwardisland.ca) Email: [taxandland@gov.pe.ca](mailto:taxandland@gov.pe.ca)

**Deliver to:**

95 Rochford Street  
Shaw Building, 1st Floor  
Charlottetown, PE C1A 3T7

or: any Access PEI Centre

**Freedom of Information and Protection of Privacy**

Personal information on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tax administration and enforcement and may be made available to fuel wholesalers or the public. Questions on the collection and use of this information can be directed to the Manager, Tax Administration and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

**For Office Use Only:**

Permit No.: \_\_\_\_\_

**Please note: The prescribed issuance fee for marked gasoline and/ or marked diesel oil permit is \$10.  
Please include payment of \$10 with the application.**

**Section A – General Information**

Ownership Type:     Proprietorship     Partnership     Corporation

Full Applicant or Business Name: \_\_\_\_\_

|                  |            |           |              |
|------------------|------------|-----------|--------------|
| Mailing Address: | Community: | Province: | Postal Code: |
|------------------|------------|-----------|--------------|

|                |            |           |              |
|----------------|------------|-----------|--------------|
| Civic Address: | Community: | Province: | Postal Code: |
|----------------|------------|-----------|--------------|

|            |       |      |   |
|------------|-------|------|---|
| Telephone: | Cell: | Fax: | Email: I authorize Taxation and Property Records to communicate via email using this address. |
|------------|-------|------|---|

**Section B – Owner, Partner or Officer Information (If different than Section A)**

Name (*Full Name Required*): \_\_\_\_\_

|                  |            |           |              |
|------------------|------------|-----------|--------------|
| Mailing Address: | Community: | Province: | Postal Code: |
|------------------|------------|-----------|--------------|

|                |            |           |              |
|----------------|------------|-----------|--------------|
| Civic Address: | Community: | Province: | Postal Code: |
|----------------|------------|-----------|--------------|

|            |       |      |
|------------|-------|------|
| Telephone: | Cell: | Fax: |
|------------|-------|------|

**Section C – Business Information**

1. Does the business have an HST number or Federal BN?     Yes     No    **If yes**, enter either number: \_\_\_\_\_

2. Has this business or its owner(s) held a Marked Fuel Permit before?     Yes     No

**If yes**, provide the Marked Fuel Permit Number: \_\_\_\_\_

3. Did you recently purchase an existing fishing operation?     Yes     No    **If yes**, complete the information below ▼

|                            |                 |          |
|----------------------------|-----------------|----------|
| Date of purchase (mm/yyyy) | Purchased from: | Address: |
| _____                      | _____           | _____    |

4. Yearly business operation period:    From: \_\_\_\_\_    To: \_\_\_\_\_

5. List the license number(s) and the species of fish caught (**attach additional list if required**).

| Licence Number | Species | Licence Number | Species |
|----------------|---------|----------------|---------|
| _____          | _____   | _____          | _____   |
| _____          | _____   | _____          | _____   |
| _____          | _____   | _____          | _____   |

6. Principal buyer of fish: \_\_\_\_\_

7. Certified Fisheries Organization Support Fee Paid:     Yes     No

**Instructions:**    *All applications must include proof that the operation is reporting income from the sale of products from the commercial fishing operation in the name of the applicant.*

*All core fishers must be in compliance with subsection 8(1) of the Certified Fisheries Organizations Support Act.*

**Please Note:**    *Confirmation of DFO licenses in the name of the applicant must also be attached.*

**Section D – Fuel Information**

1. Provide the following information about your vessels(s) (**attach additional list if required**).

Name of boat: \_\_\_\_\_ Home port: \_\_\_\_\_

Vessel identification number: \_\_\_\_\_ or Vessel registration number: \_\_\_\_\_

2. List the equipment in which tax exempt fuel is to be used (**attach additional list if required**).

| Type of equipment | Make and model | Horsepower | Fuel type |
|-------------------|----------------|------------|-----------|
| _____             | _____          | _____      | _____     |
| _____             | _____          | _____      | _____     |
| _____             | _____          | _____      | _____     |
| _____             | _____          | _____      | _____     |

3. Indicate the estimated annual fuel consumption of equipment listed above.

Gasoline (marked or clear): \_\_\_\_\_ Marked diesel oil: \_\_\_\_\_ litres  
litres

**Section E – Certification**

I certify that the information contained herein is accurate and complete. I understand that it is an offence, subject to prosecution under the *Revenue Administration Act*, to make any false statement(s) on this application. I authorize any inspector under the *Revenue Administration Act* to inspect my books and records, vehicles, premises or place where any business is carried on, and to open any storage tank and remove therefrom any quantity of gasoline or diesel sufficient in their opinion, for the purposes of determining whether there has been compliance with the *Gasoline Tax Act*. I have signing authority to act on behalf of the entity applying for this permit.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

**For Office Use Only****Marked Fuel Exemption Permit**

**Application Status:** Approved:

Denied:

Approved/Denied By: \_\_\_\_\_

Access Number: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Updated On: \_\_\_\_\_

**Comments:****Gasoline Issuance Fee:**

Gasoline: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_ Payment Type: Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_ Debit: \_\_\_\_\_

Received By: \_\_\_\_\_ Recorded By: \_\_\_\_\_

**Version française également disponible**