



Service Nova Scotia
 NSIFTE Administrator
 PO Box 22
 Halifax, NS B3J 2V4
 Email: NSIFTE@novascotia.ca

**Nova Scotia
 Indian Fuel Tax Exemption Program
 Program Application**
 (Please Print)

1. Give us your details

Given Name:

First

Middle

Last

**Civic Address
 (Not PO Box)**

Street # and Name

Unit/Suite/Apt #

City/Town/County

Province

Postal Code

**Mailing Address
 (if different)**

Street # and Name, PO Box, RR#, Site #, etc.

City/Town/County

Province

Postal Code

Phone Number:

Fax:

Email:

2. Provide your Nova Scotia Driver's Licence Master Number

3. Do you live on a Reserve in Nova Scotia? Yes No Reserve Name:

4. Provide your Certificate of Indian Status Card Information.

Indian Band:

Band Number:

Date of Birth:

Year/Month/Day

Registry Number:

5. Have Membership Clerk Sign Certification

I hereby certify that:

- I have visually inspected the applicant's Certificate of Indian Status Card and Nova Scotia Driver's Licence as part of this certification;
- The applicant information described herein, the band number and registry number given on this form are true, complete and correct;
- The Nova Scotia Driver's Licence Master Number given on this form is for the person described on the Certificate of Indian Status Card; and
- The applicant is a member of the **Band.**

Name of Membership Clerk (Please print)

Phone #

Fax #

Signature of Membership Clerk

Date

See Reverse



6. Sign the Authorization

I hereby authorize:

- Service Nova Scotia to provide the information on my Nova Scotia Driver's Licence to retailers who sell fuel on Indian reserves, for the purpose of administering exemptions from gasoline and diesel oil tax;
- Service Nova Scotia to provide the information on this form to the Indigenous Services Canada for the purpose of confirming the Certificate of Indian Status Card information;
- Indigenous Services Canada to release my Certificate of Indian Status Card information to Service Nova Scotia; and
- Service Nova Scotia to use my Nova Scotia Driver's Licence information for the purpose of administering exemptions from gasoline and diesel oil tax.

Signature of Applicant

Date

7. Sign the Terms and Condition.

- I declare that I am the person described on this form and that the information provided by me is true, complete and correct in every respect.
- I shall not sell any gasoline or diesel oil purchased under this exemption program.
- I agree that I shall provide my Nova Scotia Driver's Licence to a retailer on a reserve solely for the purpose of obtaining a gasoline and/or diesel oil tax exemption under this program.

Signature of Applicant

Date

Disclaimer

The Province of Nova Scotia does not guarantee the confidentiality of any communications sent to NSIFTE@novascotia.ca by way of a personal email provider, as information could be intercepted, corrupted, lost, or destroyed.

Note: All information provided is subject to verification.

Should you require further information about this program please contact:

Phone: 902-424-6717

Fax: 902-424-0702

Toll Free in NS: 1-800-565-2336

Email: NSIFTE@novascotia.ca

Mail: Service Nova Scotia
Maritime Centre, 6th Floor North
1505 Barrington Street
NSIFTE Administrator
PO Box 22
Halifax, NS B3J 2L4