

Service Nova Scotia NSIFTE Administrator PO Box 22 Halifax, NS B3J 2V4

Email: NSIFTE@novascotia.ca

Nova Scotia Indian Fuel Tax Exemption Program Request for Increased Exemption

New Renewal

1. Give us your details			
Given Name:	First	Middle	Last
Olada Addusas	LII2f	wildale	LdSt
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
Nova Scotia Driver's	Licence Master Numbe	r	
Phone Number:		Email:	
2. Indicate increase qua	ntity per month	100 Litres 200 Litres	Other
3. Provide reason for re Please check (√) the indicated.	-	or requesting an additional i	ncrease and provide the information
	have sufficient space of	on this form, you may attac	ch a separate page with additional
Self employed/conname and nature of		ess owner - Please prov	ide information concerning the
Name of business:	:	Phone Numb	er
Business address:	:		
Nature of business	s:		
	d to travel to work or f nature of your work;	for work purposes - Pleas	se provide information concerning
Are you regularly a condition of emp		<u>-</u>	normal place of business as
Employer's name:		Phone Numb	er
Employer's addres	ss:		
Nature of work:			_
		sure/leisure or other pu l, pleasure/leisure or other a	urposes - Please provide activities;
Name of school/m	edical facility:	Phone Nur	nber
School/medical fac	cility address:		
For school, leisure	or other please provid	le the term(s) or season(s) involved:
For medical please	e indicate if on-going	or temporary . If ten	nporary, please indicate
anticipated length	of treatment in months	3	
			See Reverse

4. Provide Fuel Consumption Information

A. Vehicle and / or Equipment Information – Include all vehicles or equipment that require gas or diesel.

The make, year, model, fuel type, odometer reading and vehicle identification number (VIN) of the vehicles must be provided.

Vehicle Year Model Fuel Type Odometer Vehicle Identification Plate Make (Gas\Diesel) Reading Number Number

B. Travel Information – Include all travel for employment / leisure purposes.

The destination(s)/location(s), reason, kilometres (km) and frequency or number of times per week or month or year.

Number of Times

Destination/Location Reason* Kilometres Week or Month or Year

5. Sign the Applicant Authorization and Declaration

Service Nova Scotia may use my vehicle registration information and my Nova Scotia Driver's Licence information for the purposes of administering exemptions from gasoline and diesel oil tax; may contact my employer(s) to verify my employment status and location(s) of my employment; and

I declare that the information given on this form is true, complete and correct in every respect.

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.

All applicants must apply and receive approval for the Nova Scotia Indian Fuel Tax Exemption Program prior to having their Request for Increased Exemption approved.

Request for increased exemptions must be renewed every three years. Should you require further information about this program please contact:

Phone: 902-424-6717 Mail: Service Nova Scotia

Fax: 902-424-0702 Maritime Centre, 6th Floor North

Toll Free in NS: 1-800-565-2336 1505 Barrington Street

NSIFTE Administrator

Email: NSIFTE@novascotia.ca PO Box 22

Halifax, NS B3J 2L4

^{*} Business, work, school, medical, pleasure/leisure (hockey, dance, shopping, etc.) or other (please explain).