



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

Nova Scotia  
 Indigenous Fuel Tax Exemption program  
 Request for Increased Exemption  
 New                      Renewal

**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

**Nova Scotia Driver's Licence Master Number**

**Phone Number:**

**Email:** \_\_\_\_\_

**2. Indicate increase quantity required per month**    100 Litres    200 Litres    Other

**3. Provide reason for request**

Please check ( √ ) the appropriate reason(s) for requesting an additional increase and provide the information indicated.

**Note:** If you do not have sufficient space on this form, you may attach a separate page with additional information.

**Self employed/contractor or small business owner - Please provide information concerning the name and nature of your business;**

**Name of business:**

**Phone Number:**

**Business address:**

**Nature of business:**

**Employee required to travel to work or for work purposes - Please provide information concerning your employer and nature of your work;**

**Are you regularly required to travel away from your employer's normal place of business as a condition of employment? Yes  No**

**Employer's name:**

**Phone Number:**

**Employer's address:**

**Nature of work:**

**For travel to school, for medical, pleasure/leisure or other purposes - Please provide information concerning your school, medical, pleasure/leisure or other activities;**

**Name of school/medical facility:**

**Phone Number:**

**School/medical facility address:**

**For school, leisure or other please provide the term(s) or season(s) involved:**

**For medical please indicate if on-going  or temporary  . If temporary, please indicate anticipated length in months**

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

Destination/Location	Reason*	Kilometres	Number of Times Week or Month or Year
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\* Business, work, school, medical, pleasure/leisure (hockey, dance, shopping, etc.) or other (please explain).

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

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

Email: NSIFTE@novascotia.ca