

# Application for Marked Gasoline and/or Marked Diesel Oil Permit for Pleasure Craft Owners/Operators

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

**Mail to:**

Finance, Energy and Municipal Affairs, Taxation and Property Records  
PO Box 1150, Charlottetown, PE C1A 7M8  
Tel: (902) 569 7541 Fax: (902) 368 6164  
Web Site: [www.taxandland.pe.ca](http://www.taxandland.pe.ca) Email: [taxandland@gov.pe.ca](mailto:taxandland@gov.pe.ca)

**Deliver to:**

95 Rochford Street  
Shaw Building, 1<sup>st</sup> Floor  
Charlottetown, PE C1A 3T6  
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. Questions on the collection and use of this information can be directed to the Manager, Corporate and Tax Administration Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

**For Office Use Only:**

Access No.: \_\_\_\_\_

**Section A – Owner, Partner or Officer Information**

Name: _____			
Mailing Address: _____		Province: _____	Postal Code: _____
Civic Address (Street#/ Street Name/ Suite# or Apt#/ City, Town or Village): _____		Province: _____	Postal Code: _____
Telephone Number: _____	Cell Number: _____	Fax Number: _____	E-mail: _____
Are you currently in possession of a Marked Gasoline and/or Marked Diesel Oil Permit? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide permit number: _____ Client Access Number (if applicable) _____			

**Section B – Applying for the Marked Gasoline and/or Marked Diesel Oil Permit**

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

Name of vessel: \_\_\_\_\_ Province/state of registration: \_\_\_\_\_  
Vessel registration number: \_\_\_\_\_

2. Date vessel purchased: \_\_\_\_\_ Seller's name: \_\_\_\_\_  
(If not already provided)      dd      mm      yy

Amount paid: \$ \_\_\_\_\_ Amount of PEI Revenue Tax (PST) paid: \$ \_\_\_\_\_  
**If no revenue tax paid, please enclose copy of purchase invoice.**

3. List the vessel(s) in which tax exempt fuel is to be used (attach additional list if required).

Type of vessel	Make and model	Horsepower	Fuel type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Is the fuel tank:  affixed       portable

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

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

**Section C – 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 agree to comply with the record keeping, reporting and payment requirements as specified in the *Gasoline Tax Act* Regulations.

\_\_\_\_\_  
Name (please print)      Signature of Applicant

\_\_\_\_\_  
Owner of vessel (if different, than applicant)      Date      Telephone

**For Office Use Only – Fuel Tax Exemption Permit**

Application Status: Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Approved by: _____
Fuel Type: _____	Fuel Tax Exemption Number: _____	Consumer Type: _____
Effective Date: _____	Expiry Date: _____	Comments: _____