

## **Service Nova Scotia** and Internal Servicies

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 #
Mailing Address (if different)	City/Town/County	Province	Postal Code
	Street # and Name, PO Box, RR#, Site #, etc.		
	City/Town/County	Province	Postal Code
Phone Number: Email:		Fax:	
2. Provide your Nova Sco	otia Driver's Licence M	laster Number	
3. Do you live on a Reser	ve in Nova Scotia?	Yes No Reserve Nam	ne:
4. Provide your Certificat	e of Indian Status Car	d Information.	
Indian Band:		Band Number:	
Date of Birth:		Registry Numbe	r:
	Year/Month/Day		
5. Have Membership Clei	rk Sign Certification		
Scotia Driver's  The applicant i on this form are The Nova Scotia	Licence as part of this nformation described true, complete and c	herein, the band number a orrect; ster Number given on this fo	and registry number given
	s a member of the	·	Band.
Name of Membership Clerk	(Please print)	Phone # Fax #	
Signature of Membership C	Clerk		Date

#### 6. Sign the Authorization

### I hereby authorize:

- Service Nova Scotia and Internal Services 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 and Internal Services 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 Internal Services; and
- Service Nova Scotia and Internal Services to use my Nova Scotia Driver's Licence information for the purpose of administering exemptions from gasoline and diesel oil tax.

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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	Dat	te

#### 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 Mail: Service Nova Scotia and Internal Services

Fax: 902-424-0702 Maritime Centre, 6<sup>th</sup> Floor North

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

**NSIFTE Administrator** 

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