

Service Nova Scotia and Municipal Relations NSIFTE Administrator PO Box 22, Halifax, NS B3J 2L4

Nova Scotia Indian Fuel Tax Exemption Program

Program Application

(Please Print)

1. Give us your d	etails			
Given Name:	First	Middle		Last
	1 list	Middle		Last
Civic Address (Not a PO Box)	Civic #	Street/Road/Hwy		Unit/Suite/Apt #
	City/Town/County	Provinc	e	Postal Code
Mailing Address (If different from above)	PO Box or RR			
	City/Town/County	Provinc	e	Postal Code
Phone Number:		Fax Nu	mber:	
Email:				
2. Provide your N	lova Scotia Drivers Lice	ence Master Number:		
	Certificate of Indian Stat			
Indian Band:		Band N	umber: :	
Date of Birth:		Registr	y Number:	
	Year/Month/	Day		
5. Have Band Re	gistrar Sign Certificatio	n		
I hereby certi ● I have v		icant's Certificate of Indian Stat	us Card and Nova	a Scotia Driver's Licence as part of
and correc	licant information describe			iven on this form are true, complete son described on the Certificate o
Indian Sta	itus Card; and			
				Dund.
			Phone #	
Name of B	and Registrar (Please print)			
			Fax #	
Signature of	of Band Registrar			Date
				See Reverse ►
				See Reveise >

6. Sign the Authorization

I hereby authorize:

• The Department of Service Nova Scotia and Municipal Relations 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;

•The Department of Service Nova Scotia and Municipal Relations to provide the information on this form to the Department of Aboriginal Affairs and Northern Development Canada for the purpose of confirming the Certificate of Indian Status Card information;

•The Department of Aboriginal Affairs and Northern Development Canada to release my Certificate of Indian Status Card information to the Department of Service Nova Scotia and Municipal Relations; and

•The Department of Service Nova Scotia and Municipal Relations 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 an Indian reserve solely for the purpose of obtaining a gasoline and/or diesel oil tax exemption under this program.

Signature of Applicant

Date

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

Mail: Service Nova Scotia and Municipal Relations NSIFTE Administrator Maritime Centre, 10th Floor 1505 Barrington Street PO Box 22 Halifax, NS B3J 2L4