



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

Nova Scotia
Indian 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 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 of treatment 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
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* 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

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, 10th Floor
Toll Free in NS:	1-800-565-2336		1505 Barrington Street
			NSIFTE Administrator
			PO Box 22
			Halifax, NS B3J 2L4