

1. Name of Applicant (legal name of business organization, proprietor or partners):

2. Registered Trade Name — if applicable (Doing Business As): _____

3. Mailing Address: _____

4. Accounting Office Address: _____

5. Telephone: _____ Fax: _____ Email: _____

6. Type of Ownership: Corporation Registered Association
 Partnership Individual Proprietor

7. Owners: If Corporation, names of officers; if Partnership, names of partners.

Title	Name	Address

8. Type of Fuel Used: Gasoline Diesel

9. Location of Company Operated Fuel Terminals in the Yukon: _____

10. Check whether destination is within the Yukon (Inter-Provincial Carrier)
or through the Yukon (Through Freighter)

11. Estimated Total number of trips into the Yukon each month: _____

12. Number of Commercial motor-vehicles you operate which will enter the Yukon and require fuel oil user emblems: _____

13. Check jurisdiction in which vehicles covered by this application are operated and check where fuel reports are now filed:

	Operating through or into	Reports filed in		Operating through or into	Reports filed in
Alaska, U.S.A.	<input type="checkbox"/>	<input type="checkbox"/>	Saskatchewan	<input type="checkbox"/>	<input type="checkbox"/>
Yukon	<input type="checkbox"/>	<input type="checkbox"/>	Manitoba	<input type="checkbox"/>	<input type="checkbox"/>
British Columbia	<input type="checkbox"/>	<input type="checkbox"/>	Northwest Territories	<input type="checkbox"/>	<input type="checkbox"/>
Alberta	<input type="checkbox"/>	<input type="checkbox"/>	Washington, U.S.A.	<input type="checkbox"/>	<input type="checkbox"/>

I, _____, _____, as a duly authorized
(Name - please print) (Title - please print)

officer of _____
(Company Name - please print)

hereby CERTIFY that the information contained in this application is correct to the best of my knowledge and belief and hereby make application as required under the *Fuel Oil Tax Act* and undertake to comply with the provisions of this Act and the Regulations thereunder.

Date: _____ Signature: _____

Date: _____ Signature: _____

(If the applicant is a corporation, the application shall be under SEAL of the Corporation.
 If a partnership, signatures of all parties are required.)

NOTE: 1. The Deputy Head may apply the bond held on deposit to any tax not paid.

2. \$300 bond required.

Deputy Head
 Department of Finance
 Government of Yukon
 Box 2703
 Whitehorse, Yukon
 Y1A 2C6
 Phone: (867) 667-5345
 Fax: (867) 456-6709

<u>FOR DEPARTMENT USE ONLY</u>	
1.	Amount Deposited _____
2.	Deposit Received By _____
3.	Date Received _____
4.	Authorized _____
5.	Date Issued _____
6.	Permit Number _____