

1. Name of Business _____

2. Address (to which emblems should be mailed) _____

Phone _____ Fax _____

3. Fuel Oil User Permit No. _____

4. Description of vehicles for which emblems are required for the year April 1, 20 _____ to March 31, 20 _____.

NOTE: There is no charge for emblems.

(office use) EMBLEM ISSUED	SERIAL NUMBER	YUKON LICENCE PLATE NUMBER*	PROVINCE OR STATE IF OTHER THAN YUKON	MAKE & YEAR	UNIT NUMBER

* If no Yukon license plate number exists, please provide home jurisdiction license plate number.

I, _____ as a duly authorized

officer of _____ 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

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

The personal information requested on this form is collected under the authority of and used for the purpose of administering the **Fuel Oil Tax Act**. Questions about the collection or use of this information can be directed to the Yukon Department of Finance, Box 2703, Whitehorse, Yukon, Y1A 2C6, (867) 667-5343.