



Legal Name of Applicant (corporate name or surname/first name)

Applicant
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From:

DD	MM	YEAR
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Mailing Address (for rebate payment)

Address line 1
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To:

DD	MM	YEAR
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Address line 2
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Province/Country	Postal Code
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Saskatchewan Provincial Sales Tax Number

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### Instructions for Completing this Form

This rebate application is for commercial aircraft operators who transport people or goods on international routes. For the purposes of this rebate, a qualifying international flight is one where Saskatchewan tax paid aviation fuel is used, and:

- a) the flight originates in Saskatchewan and has a destination outside Canada where no passengers or cargo are unloaded in Canada beyond the origin point of the flight from Saskatchewan; or,
- b) the flight originates outside Canada with a destination within Canada to the first point where passengers or cargo are unloaded.

The applicant must attach supporting documentation that includes the date of the tax-included fuel purchase, quantity of fuel purchased (in litres), name of the fuel supplier and airport where the fuel was purchased, flight number, make and model of aircraft, the departure point, and the international destination. Copies of the fuel purchase invoices must also be submitted.

The rebate application must be filed within four years of the fuel purchase date. Refund applications may be submitted on a monthly basis, but should not be submitted any more frequently than monthly. Records to support this rebate application must be retained for audit purposes.

### Rebate Calculation

1. Total litres of eligible aviation fuel purchased in Saskatchewan during the reporting period for commercial international flights.	
2. Tax Rate (per litre)	\$.015
3. Refund Payable (Line 1 multiplied by Line 2)	

### Certification

I CERTIFY that, to the best of my knowledge, the information contained in this application and the documentation provided in support of this application is true and correct, and I am duly authorized to apply for this refund on behalf of the business applicant.

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

#### OFFICE USE ONLY

DATE \_\_\_\_\_

VENDOR NO. \_\_\_\_\_

INVOICE NO. \_\_\_\_\_

DOC.INPUT \_\_\_\_\_

REFUNDED BY \_\_\_\_\_