

# Application Form

Restricted Use Fuel Tax Exemption Permit  
For Custom Operators

Ministry of Finance  
PO Box 200  
Regina, SK S4P 2Z6  
Toll Free: 1-800-667-6102  
Phone: 306-787-6645  
SaskTaxInfo@gov.sk.ca

## PART A - BUSINESS INFORMATION

1. Does the business have a Federal Business Number? ☐ Yes ☐ No If 'Yes' provide (first 9 digits): 

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2. SK Start Date (YYYYMMDD): 

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3. Legal Name: Last Name, First Name if individual(s)

4. Operating Name: As it appears on the business's invoices ☐ Same as Legal Name

5. Mailing Address: Input primary mailing address on the first line and any alternate address on the second line

Mailing Address	City, Province	Postal Code	Comment
			Primary Mailing

6. Physical Location: Input head office on the first line and any additional locations on the second and third line

Street Address	City, Province	Postal Code	Country

## PART B - REGISTRATION INFORMATION

7. Does the business have a SK Corporate Registry Number? ☐ Yes ☐ No If 'Yes' provide: 

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8. Type of Ownership: Select one of the following

<input type="checkbox"/> Corporation: <i>Includes Non-Profits and Co-operatives</i>	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)
	Director Name (Last Name, First Name)	Director Name (Last Name, First Name)
<input type="checkbox"/> Sole Proprietor	Owner Name (Last Name, First Name)	Drivers Licence PIC:
<input type="checkbox"/> Partnership	Partner Name (Last Name, First Name)	Federal BN/Drivers Licence PIC:
	Partner Name (Last Name, First Name)	Federal BN/Drivers Licence PIC:
<input type="checkbox"/> Joint Venture	Operator Name:	Federal BN/Drivers Licence PIC:
	Participant Name:	Federal BN/Drivers Licence PIC:
<input type="checkbox"/> Other <i>School Boards, RMs, etc.</i>	Type of Ownership:	Legal Name:
		Federal BN/Drivers Licence PIC:

## PART C - DESCRIPTION OF CUSTOM WORK OPERATIONS

9. Type of Custom Work: Provide details regarding the types of farm custom work being performed for compensation

Check all that apply:

Seeding		Cultivating		Fertilizing/Spraying	
Swathing		Combining		Corral Cleaning	

### Description of Other Types of Custom Work or Service(s) Provided in SK


**10. Indicate the months of operation if less than entire year:**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. Customer Names:** List any 2 customers you are providing services to in SK

Name/Business Name	Location (City, Province, Country)	Phone Number	Fuel Tax Permit Number

### PART D - CONTACT INFORMATION

**12. Contact Information:** The business consents to the release of confidential information about their SK tax accounts to the representatives named below. By providing your email address, you consent to the use of this email address for exchange of information and communication purposes with the Ministry of Finance. It is your responsibility to advise the Ministry of Finance if this email address changes or should no longer be used for communication purposes.

#### Primary Contact

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Federal Business Number: \_\_\_\_\_ ☐ Same as Applicant  
 Tel No. #1 (\_\_\_\_) \_\_\_\_\_ Tel No. #2 (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

#### Alternate Contact

Specify Use \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Federal Business Number: \_\_\_\_\_ ☐ Same as Applicant  
 Tel No. #1 (\_\_\_\_) \_\_\_\_\_ Tel No. #2 (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### PART E - CERTIFICATION

I certify that the information provided in support of this application is true in substance and in fact and that I am authorized to complete this application on behalf of the business named. I understand that any licence issued pursuant to this application is subject to the provisions of the corresponding legislation, and that any licence application or licence issued based on information that is materially false or inaccurate may be denied, suspended and/or cancelled. I authorize the Ministry of Finance to verify any information contained in this form with any entity that holds such information.

\_\_\_\_\_  
**Applicant Name** (please print)

\_\_\_\_\_  
**Tel No.**

\_\_\_\_\_  
**Role/Title**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date** (YYYY-MM-DD)