



National Bank Tower
501-134 Kent Street
P.O. Box 577
Charlottetown, PE
C1A 7L1

APPLICATION FOR PETROLEUM OUTLET LICENSE TANK TRUCK

(USE SEPARATE FORM FOR EACH VEHICLE)

ALL QUESTIONS MUST BE ANSWERED

1	a) NAME OF APPLICANT: _____		
	b) ADDRESS: _____	(Street)	(Town, Community) _____
			(Province) _____ (Postal Code) _____
	c) MAILING ADDRESS (if different from above): _____		
2	TELEPHONE NUMBER: _____	3	FAX NUMBER: _____
4	FROM WHAT RETAIL-DISTRIBUTOR'S OUTLET DO YOU OPERATE: _____		
5	ADDRESS: _____	(Street)	(Town, Community) _____ (Province) _____ (Postal Code) _____
			P.E.I.
6	WHICH OIL COMPANY WILL BE YOUR SUPPLIER: _____	7	NUMBER ON LAST TANK TRUCK LICENSE: _____
8	AREA SERVED: _____		
9	QUANTITIES DISTRIBUTED UNDER THE ABOVE-NOTED LICENSE FROM JAN. 1 ST TO DEC. 31 ST LAST YEAR:		
	Gasoline _____ litres	Stove Oil _____ litres	
	Diesel Fuel _____ litres	Propane _____ litres	
	Furnace Oil _____ litres	Other (specify) _____ litres	
10	PARTICULARS OF VEHICLE:		
	Year of manufacture _____		
	Make _____		
	Serial Number _____		
	Type _____	<input type="checkbox"/> Tank Truck	<input type="checkbox"/> Tractor-Trailer
	Number of compartments _____		
	Total capacity _____	litres	
11	I HEREBY DECLARE THAT THE ANSWERS MADE TO THE ABOVE QUESTIONS ARE TRUE AND, IF A LICENSE IS ISSUED, I UNDERTAKE TO CARRY OUT IN EVERY MANNER THE REQUIREMENTS OF THE PETROLEUM PRODUCTS ACT AND REGULATIONS.		
	SIGNATURE: _____	CORPORATE NAME: _____	
	PRINT NAME: _____	TELEPHONE: _____	
	(Please check) <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Agent		
	TITLE: _____	DATE: _____	

LICENSE FEES PAYABLE TO "ISLAND REGULATORY AND APPEALS COMMISSION"

Information on this Form is collected pursuant to the **Petroleum Products Act** and will be used by the Commission in the administration of the said **Act**. For additional information, contact the Commission at 902-892-3501 or by email at info@irac.pe.ca.