



F.O.T. APPLICATION 5B – FUEL OIL TAX ACT
PURCHASE OF FUEL OIL TAX EXEMPT FOR GENERATORS

Activity: G – stationary generator Supporting documentation: current property assessment

- 1. Name of applicant (if business provide legal name of business, proprietor or partners)
2. Registered trade name – if applicable (doing business as)
3. Location of generator
4. Operating season (in months) From: To:
5. Mailing address
6. Permanent address (if different from 5)
7. Telephone Fax Email
8. Generator(s) details: (Briefly describe the purpose of each generator; attach another list if more space is required.)

Table with 4 columns: Make/Model/Year, Serial number, Fuel type: gas or diesel, Anticipated consumption of fuel (litres) per season/year. Includes rows for generator details and purpose.

9. The Fuel Oil Tax Act Section 6(1) states that tax exempt permits may be issued for stationary generators of electricity. These generator permits may be issued only if the generator meets certain criteria as assessed by the following questions:

- a. Is the generator(s) stationary?
b. Is the generator(s) permanently located on land or in a building?
c. Is the generator(s) intended to remain so located?
d. Is the generator(s) used for temporary service work?
e. Is the generator(s) used for the temporary supply of electricity?

10. Any exempt fuel purchased may only be used for eligible stationary electrical generators as described in the *Fuel Oil Tax Act*. Fuel purchase and consumption records must be maintained in sufficient detail so that exempt and taxable fuel can be tracked separately.

a. Is there a separate storage tank for fuel purchased for exempt use?

Yes  No If yes, what size is the tank? \_\_\_\_\_

b. Describe how you will track your exempt and taxable fuel volumes.

\_\_\_\_\_

11. Fuel suppliers (*list all suppliers within Yukon as well as outside of Yukon, if applicable*)

Name	Location

12. Declaration

I, \_\_\_\_\_, \_\_\_\_\_ as a duly authorized

PRINT NAME

PRINT TITLE

officer of \_\_\_\_\_

PRINT COMPANY NAME

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.

\_\_\_\_\_  
Signature Date

YYYY/MM/DD

\_\_\_\_\_  
Signature Date

YYYY/MM/DD

For inquiries call Tax Administration at (867) 667-5345.

Submit this application by mail or email:

Mail: Government of Yukon  
Department of Finance, Tax Administration  
Box 2703, Whitehorse, YT Y1A 2C6

Email: [yk.taxreturns@yukon.ca](mailto:yk.taxreturns@yukon.ca)

Fax: (867) 456-6709