



**APPLICATION FOR TANK TRUCK LICENSE
ANNUAL RENEWAL (IRAC520)**

(USE SEPARATE FORM FOR EACH VEHICLE)

ALL APPLICABLE 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: _____		
4	FROM WHAT RETAIL-DISTRIBUTOR'S OUTLET DO YOU OPERATE: _____		
5	ADDRESS: _____	(Street)	(Town, Community) (Province) (Postal Code) P.E.I.
6	WHICH DISTRIBUTOR 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	CONTACT INFORMATION:		
	Primary Contact Name: _____	Secondary Contact Name: _____	
	Primary Contact Email: _____	Secondary Contact Email: _____	
	Primary Contact Phone: _____	Secondary Contact Phone: _____	
	Best method of contact: _____		
12	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 & REGULATIONS.		
	SIGNATURE: _____	TITLE: _____	
	PRINT NAME: _____	CORPORATE NAME: _____	
	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 petroleuminquiries@irac.pe.ca.