



## 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 <sup>ST</sup> TO DEC. 31 <sup>ST</sup> 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 checked="" 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](mailto:petroleuminquiries@irac.pe.ca).