

**Request to Modify Registration Information or to Replace  
the Attestation d'Inscription Issued to a Band Council,  
Tribal Council or Band-Empowered Entity**  
Program for Administering the Fuel Tax Exemption for Indians

This form is intended for any band council, tribal council or band-empowered entity (hereinafter the "applicant") that is registered for the Program for Administering the Fuel Tax Exemption for Indians.

Send the form to one of the following addresses:

- 3800, rue de Marly, Québec (Québec) G1X 4A5
- C. P. 3000, succursale Place-Desjardins, Montréal (Québec) H5B 1A4

Complete this form to

- have registration information modified;
- request additional Attestations d'inscription (registration cards);
- have one or more Attestations d'inscription cancelled; or
- have one or more Attestations d'inscription replaced.

For more information, visit our website at [www.revenuquebec.ca](http://www.revenuquebec.ca) or call our client services at 418 659-4692 if you are in the Québec City area, at 514 873-4692 if you are in the Montréal area or, toll-free, at 1 800 567-4692 if you are calling from elsewhere.

Note that an Attestation d'inscription ceases to be valid **the moment** we receive a request to have it cancelled or replaced.

**1 Information about the applicant** (use blue or black ink)

Name of the band council, tribal council or band-empowered entity

1

Numéro de référence  
(as indicated on the applicant's Attestation(s) d'inscription)

2

Band number  
(for band councils only)

3

**2 Type of request**

Check the appropriate box(es).

- 4  Request to modify information about the applicant (complete Parts 3 and 8)
- 5  Request to modify information about vehicles used and fuel consumption (complete Parts 4 and 8)
- 6  Request for additional Attestations d'inscription (complete Parts 5 and 8)
- 7  Request to cancel one or more Attestations d'inscription (complete Parts 6 and 8)
- 8  Request to replace one or more Attestations d'inscription (complete Parts 7 and 8)

**3 Request to modify information about the applicant**

Enter only the new information.

Address of the council or entity

Suite Number Street, P.O. box

9

City, town or municipality Province Postal code

10

Telephone number of the council or entity

Area code Telephone Extension

12

Name of the contact person

13

Do not use this area. N A R M 99



## 4 Request to modify information about vehicles used and fuel consumption

### Adding vehicles

Enter the licence plate number of each vehicle you wish to add to the list of vehicles used.

14 A [ ] B [ ]  
C [ ] D [ ]

### Removing vehicles

Enter the licence plate number of each vehicle you wish to remove from the list because it was sold or is no longer used.

15 A [ ] B [ ]  
C [ ] D [ ]

If you need more space, attach a sheet containing the requested information.

What is the applicant's estimated **annual** fuel consumption?..... 16 [ ] litres

## 5 Request for additional Attestations d'inscription

Enter the number of additional Attestations d'inscription requested. .... 17 [ ]

## 6 Request to cancel one or more Attestations d'inscription

Enter the number of each Attestation d'inscription to be cancelled. If you need more space, attach a sheet containing the requested information.

18 A [ ] B [ ] C [ ] D [ ]  
E [ ] F [ ] G [ ] H [ ]

## 7 Request to replace one or more Attestations d'inscription

Check the box(es) corresponding to the reason for having one or more Attestations d'inscription replaced.

19  Loss or theft

Enter the number of each Attestation d'inscription to be replaced. If you need more space, attach a sheet containing the requested information.

20 A [ ] B [ ] C [ ] D [ ]

21  Other reasons (specify): \_\_\_\_\_

Enter the number of each Attestation d'inscription to be replaced. If you need more space, attach a sheet containing the requested information.

22 A [ ] B [ ] C [ ] D [ ]

## 8 Certification

I certify that the information on this form is, to the best of my knowledge, accurate and complete.

Last name and first name of authorized person

23 [ ]

Telephone number of the authorized person

Area code Telephone Extension

24 [ ]

Signature of authorized person

Date



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