

Ministry of Revenue
Motor Fuels and Tobacco Tax
33 King Street West
PO Box 625
Oshawa ON L1H 8H9

Name _____

Address: _____

Telephone # _____

Band and
Number _____

Reason why you are applying for a gas card.

- first time applying,
- card was damaged,
- card was lost, or
- your name was changed on the band list.
- Other, please explain _____

Please attach a clear photocopy of your INAC status card. (Photocopy the front and the back of your card.) Please Print your name, full mailing address and telephone number on the photocopy. Please sign your name at bottom of photocopy

Mail your information to the address above or fax to: 905 433-5680