Rebrand Notification (Product Mix)

Protected B (when completed)

The personal information collected through Rebrand Notification (Product Mix) is for the purpose of administering the Fuel Tax program and will be input into an automated system to make decisions, recommendations, or predictions. This collection is authorized by section 4 (c) of the *Protection of Privacy Act*. For questions about the collection of personal information, email Tax and Revenue Administration at tra.revenue@gov.ab.ca.

This form is to be completed by Fuel Sellers if a product mix occurs (i.e. dyed fuel is mistakenly put into a clear fuel tank or clear fuel is mistakenly put into a dyed fuel tank). The mixed fuel that results cannot be sold until it is properly rebranded (reclassified) to dyed fuel and physically hand dyed. The following operating and record keeping procedures must be followed to ensure proper accounting for all fuel dyed.

Any enquiries are to be addressed to: TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB T5K 2L5. Telephone 780-427-3044 or if calling long distance within Alberta, call 310-0000 then enter 780-427-3044. Additional forms may be obtained from our Internet site at www.alberta.ca/treasury-board-and-finance or requested from our office using the phone number or address given above.

Business Identification Number (BIN)

Legal Name of Business (Independent Fuel Seller or Full Direct Remitter)

Business or Operating Name (if different from legal name)

Mailing Address

Address Cont.

City or Town | Prov/State | Postal/Zip Code

Bulk Fuel Location Number (BFLO #):

Physical Land Location of the BFLO (street address and city/town):

Name of Fuel Seller/Authorized Representative

Last Name

First Name | Middle Initial

Date that the product mix occurred.
If exact date is unknown, state approximate date: yyyy-mm-dd

Type of Fuel Rebranded ☐ Gasoline ☐ Diesel ☐ Other

Provide details of how the mix occurred:

- Turn off all valves leading to and from the affected tanks and do not sell or transport the mixed fuel nor mix it with the contents of another tank until the following is completed.

For dyed fuel that is mistakenly put into a CLEAR fuel tank, please complete the following: **LITRES**

1. Physical dip measurement taken when the mix was discovered, or volume of mixed fuel remaining in the tank. Note: This fuel must be hand dyed according to the dyeing specifications.
2. Volume of dyed fuel (from delivery slips) dumped into the clear tank.
3. **Volume of rebrand (line 1 minus line 2)**
   If the volume is positive, rebrand is CLEAR to DYED (refund).
   If the volume is negative, rebrand is DYED to CLEAR (tax payable).

For clear fuel that is mistakenly put into a DYED fuel tank, please complete the following:

Volume of rebrand = volume of fuel (from delivery slips) dumped into the marked tank.
Rebrand is CLEAR to DYED (refund).

- Once the volume of rebrand has been determined above, continue to the steps on page 2

Name of Operation/Business _____

- Hand dye the **VOLUME OF MIXED FUEL REMAINING IN THE TANK** according to the dyeing specifications available from your supplier or Tax and Revenue Administration (TRA). Dye can be obtained from your supplier or another fuel reseller. The volume of fuel to be rebranded and reported on the monthly return will not be approved if the mixed fuel has not been properly hand dyed.

- Open valves and resume sales of dyed fuel.

- Please attach to your Rebrand Notification a copy of the sales receipts (invoices) or meter tickets for the product you received which was subsequently mixed.

All rebrands must be reported monthly in both TRACS programs: Fuel Tax and TEFS.

Upload all supporting documentation using the assigned REFERENCE number after submission in TRACS selecting Account Actions>Submit Documents>Other Supporting Documentation.

If the rebrand volume is negative, it must be recorded as a negative number in TRACS. All rebrands must be reported to the supplier, following your company's established procedures.

CERTIFICATION

I hereby certify that, as a duly authorized agent of the corporation or business described on this form, the information given on this notification is true, accurate and complete.

Name: _____ Contact Phone Number _____
Please print

Date yyyy-mm-dd: _____ Signature: _____

FOR OFFICE USE ONLY

Reviewed & Approved By: _____ Date: _____