



ONEIDA

ONEIDA NATION

P.O. BOX 365, ONEIDA WI 54155-0365

GAS TAX EXEMPTION APPLICATION

1. I understand this Gas Tax Exemption is for my personal use only and that this card cannot be transferred.
2. I agree that if my Tribal ID is lost or stolen, I will report it to the Oneida Enrollment Department immediately.
3. I understand, if anyone attempts to use my Tribal ID other than myself, my Tribal ID may be confiscated.
4. I understand this Gas Tax Exemption is valid for only one year and it is my responsibility to re-apply each year.
5. I the undersigned, under penalty of perjury, depose and say that all of the information provided is true and correct.

Part I: State of Wisconsin

CERTIFICATE OF FUEL TAX EXEMPTION
EXEMPT SALES OF GASOLINE AND UNDYED DIESEL FUEL
 Sections 78.01(2) & (2m), Wis. Stats.

EFFECTIVE DATE: THIS EXEMPTION CERTIFICATE IS VALID FOR A MAXIMUM OF ONE YEAR FROM THE DATE IT IS SIGNED BY THE CUSTOMER AND SUPPLIER UNLESS CANCELED BY THE CUSTOMER, SUPPLIER OR DEPARTMENT.

Effective Date: _____ (enter date signed by customer and supplier)

Expiration Date: _____ (birth date of customer, a maximum of one year from effective date; time to execute another exemption certificate)

Name of Customer (please print)		Social Security Number	
Street Address		City, State, Zip Code	
Birth Date / /	Oneida Enrollment Number	Telephone Number () -	
Signature of Customer		Date Signed	
This Exemption is for fuel sold on the Oneida Indian Reservation to an enrolled member of the Oneida Tribe. *Customer must be prepared to substantiate usage if requested by representative of the department.			
Name of Supplier (please print) ONEIDA RETAIL ENTERPRISE		Address of Supplier PO BOX 365, ONEIDA WI 54155-0365	
Signature of Supplier		Date Signed	

PENALTIES: Any person who provides false or fictitious information on the exemption certificate or uses the fuel purchased tax-exempt in a manner not stated on the exemption certificate may be subject to tax, interest, penalties, and fined not more than \$500 or imprisoned not more than 6 months or both [section 78.73(1), Wis. Stats.].

Part II: Division of Land Management

- I certify that the above address **IS** within the boundaries of the Oneida Reservation and that I am a representative of the Oneida Division of Land Management.
- I certify that the above address **IS NOT** within the boundaries of the Oneida Reservation and that I am a representative of the Oneida Division of Land Management.

Land Management Representative Signature *Title* *Date*

Part III: Enrollment Department

I certify the above individual is an enrolled member of the Oneida Tribe of Indians of Wisconsin and that I am a representative of the Oneida Enrollment Department.

Enrollment Representative Signature *Title* *Date*

THE GAS TAX STICKER WILL BE MAILED TO THE ADDRESS ON RECORD WITH THE ENROLLMENT DEPARTMENT.