



## PASSENGER ROAD/SCHOOL TRANSPORT SERVICES APPLICATION FOR REPAYMENT OF MINERAL OIL TAX ON HEAVY OIL

<b>Name and Address of Claimant (use Block Capitals)</b> <hr/> <hr/> <hr/> <hr/>	<b>P.P.S. NUMBER</b> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/>
<b>Period of Claim</b>	
<b>From:</b> _____	
<b>To:</b> _____	

I declare that  litres of heavy oil was used during the period of this claim for combustion in the engines of motor vehicles used in providing passenger road/school transport\* services specified in the claim schedule, under the provisions of S. 99(1), Finance Act, 1999.

I also declare that the particulars entered herein are true and correct to the best of my knowledge and belief and I hereby apply for repayment of Euro  as per the claim schedule overleaf. I undertake, on request, to produce any evidence which the Revenue Commissioners require in support of this claim.

**Signature of Claimant**  **Date**  /  /

**Designation of Claimant**  (See notes overleaf)

### FOR OFFICIAL USE ONLY

<b>Station Claim No.:</b>	<input style="width: 95%;" type="text"/>	<b>Station Stamp</b>
<b>Collection:</b>	<input style="width: 95%;" type="text"/>	
<b>Station</b>	<input style="width: 95%;" type="text"/>	
<b>Quantity:</b>	<input style="width: 95%;" type="text"/> <b>litres</b>	
<b>Amount:</b>	€ <input style="width: 95%;" type="text"/>	

We, the undersigned, certify that claimant is entitled to the repayment of the above amount.

<b>Signature:</b>	<input style="width: 95%;" type="text"/>	<b>Rank:</b>	<input style="width: 95%;" type="text"/>
<b>PPS No.</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>	<b>Date:</b>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>
<b>Countersignature:</b>	<input style="width: 95%;" type="text"/>	<b>Rank:</b>	<input style="width: 95%;" type="text"/>
<b>PPS No.</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>	<b>Date:</b>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>

### For Central Repayments Office Use

Amount Repaid € <input style="width: 95%;" type="text"/>	P.O. No. <input style="width: 95%;" type="text"/>	
Examined by <input style="width: 95%;" type="text"/>	Checked by <input style="width: 95%;" type="text"/>	Date Paid <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>

\* Delete all inapplicable text