

ANY CHANGES TO THE INFORMATION PROVIDED BELOW MUST BE REPORTED TO THIS OFFICE. WHEN CHANGES OCCUR, PLEASE PROVIDE A LETTER, ON OFFICIAL LETTERHEAD, INDICATING SUCH.



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
MOTOR FUEL TAX ADMINISTRATION
P.O. DRAWER E
DOVER, DELAWARE 19903-1565
(302) 744-2715

OFFICE USE ONLY
DATE APPROVED:

EXEMPTION NUMBER:

TAX EXEMPTION CERTIFICATE APPLICATION AVIATION JET FUEL

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE PROCESSED

Federal Employer Identification Number: _____ Phone:() _____

We, _____,

Located at (physical address) _____,

are a **(CHECK ONE)** U.S. Government Agency, State Agency or Political Subdivision Thereof,
 Aerial Application in State, or Economic Development and Job Creation Temporary

as defined by 30 Del C c.51, Subchapter IV, §5172(b). We hereby make application for an exemption certificate in order to purchase aviation jet fuel free of state tax.

It is understood that the exemption from tax authorized under the exemption certificate to a State, U.S. Governmental agency, etc., is limited to jet fuel purchased in Delaware for its exclusive use, & it is agreed that if jet fuel purchased in Delaware tax-free under the exemption certificate is used otherwise or is sold to employees or others, such fact must be reported to the Supplier(s) acting as supply source(s). It is also understood that the fraudulent use of the exemption certificate to secure exemption will subject the undersigned and all guilty parties to appropriate fines and/or imprisonment pursuant to 30 Del C c.51 §5171- §5179.

It is agreed by the applicant that if the jet fuel purchased tax-free under the exemption certificate is used or disposed of otherwise than as herein specified, the applicant shall pay the tax, including interest and/or penalties, on such jet fuel to the Supplier, or will reimburse the Supplier for any tax, including interest and/or penalties, assessed to the Supplier by the State of Delaware.

What type of use is this exemption request intended for?
Credit Card Purchases at Retail Stations _____ Bulk Tank(s) _____ Both _____

FOR BULK TANKS, PLEASE COMPLETE AND ATTACH THE JET FUEL BULK TANK INFORMATION FORM. PLEASE COMPLETE AS MANY FORMS AS NECESSARY TO INCLUDE ALL BULK TANKS OWNED/CONTROLLED BY THE ABOVE REFERENCED ENTITY.

Please provide the name and telephone number of the individual to contact regarding this application, and provide authorization:

Name: _____ Title: _____ Phone:() _____
(Print)

Authorized By: _____
(Print Name) (Sign Name) (Title)

OFFICE Approved by: _____
USE ONLY (Print Name) (Sign Name) (Title)