

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



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

OFFICE USE ONLY

EXEMPTION NUMBER:

DATE APPROVED:

EXEMPT ENTITY MOTOR FUEL BULK TANK INFORMATION FORM

Exempt Entity Name: _____

Please provide all requested information. Failure to do so will cause delays in processing the Exemption Application. Please complete as many forms as necessary to include all bulk tanks owned/controlled by the above referenced entity.

Physical Address of Bulk Tank: _____
(Street Address) (City) (Zip Code)

Tank Capacity: _____ gallons

Name of Gasoline Distributor: _____

Distributor's Business Address: _____
(Street Address) (City) (Zip Code)

Delaware License Number of Distributor: _____

Physical Address of Bulk Tank: _____
(Street Address) (City) (Zip Code)

Tank Capacity: _____ gallons

Name of Gasoline Distributor: _____

Distributor's Business Address: _____
(Street Address) (City) (Zip Code)

Delaware License Number of Distributor: _____

Physical Address of Bulk Tank: _____
(Street Address) (City) (Zip Code)

Tank Capacity: _____ gallons

Name of Gasoline Distributor: _____

Distributor's Business Address: _____
(Street Address) (City) (Zip Code)

Delaware License Number of Distributor: _____

Physical Address of Bulk Tank: _____
(Street Address) (City) (Zip Code)

Tank Capacity: _____ gallons

Name of Gasoline Distributor: _____

Distributor's Business Address: _____
(Street Address) (City) (Zip Code)

Delaware License Number of Distributor: _____