

FOR DEPARTMENT USE ONLY

ACCOUNT NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

STATE OF DELAWARE  
DEPARTMENT OF TRANSPORTATION  
MOTOR FUEL TAX ADMINISTRATION  
P. O. DRAWER E  
DOVER, DE 19903-1565

FOR DEPARTMENT USE ONLY

FEE \$10.00

YEAR ENDING: JUNE 30, \_\_\_\_\_

**APPLICATION FOR SPECIAL FUEL USER LICENSE**

Please check the appropriate box:  New application  Renewal application

**PLEASE NOTE: A SEPARATE LICENSE APPLICATION IS REQUIRED FOR EACH DELAWARE SPECIAL FUEL BULK TANK LOCATION. ALL QUESTIONS MUST BE ANSWERED AND NECESSARY ADDITIONAL DOCUMENTATION ATTACHED TO PROCESS THIS LICENSE APPLICATION. PLEASE PRINT ALL ANSWERS CLEARLY.**

1. Legal name of applicant:

2. Trade name, if different from legal name:

3. Primary physical business location address (Not P.O. Box):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Mailing address (if different from business location):

Street or P. O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Location of records (if different from business location):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Federal employer identification number or individual proprietor's SSN:

7. Telephone number: -- Fax number: --

8. If we have questions regarding this application, who should we contact?

Name: \_\_\_\_\_ Telephone number: --

9. Business type: (check one) Individual  Corporation  General Partnership  Limited Partnership   
Limited Liability Company  S Corporation

10. If the applicant business is incorporated under the laws of another state, please attach a certified copy of the certificate issued by the Delaware Secretary of State showing that the corporation is authorized to transact business in Delaware.

11. If individual, give proprietor name, address, & SSN. If partnership, give name, address, & SSN of each partner. If corporation, give names, titles, addresses, & SSN's of corporate officers (President, Vice President, Secretary, Treasurer)

Name/Title

Address

Social Security #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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12. Has the applicant ever applied for a Delaware Special Fuel User license in the past?  
Yes  No  If yes, please specify what calendar year: \_\_\_\_\_

13. Has the applicant's individual partners or corporate officers ever applied for a Delaware Special Fuel User's license in the past?  
Yes  No  N/A  If yes, under what name: \_\_\_\_\_  
Please specify what calendar year: \_\_\_\_\_

14. Please list the physical address of the Delaware special fuel bulk location for which this license will be applicable:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please list below the size of the tank, number of pump hoses, type of special fuel delivered to the tank, and the supplier name/address that will be delivering special fuel to this tank.

<b>Type of Special Fuel:</b>		<b>Size of Delaware Bulk Tank:</b>	_____
Low Sulfur Clear Diesel	<input type="checkbox"/>	<b>Number of Pump Hoses:</b>	_____
Low Sulfur Dyed Diesel	<input type="checkbox"/>		
Propane	<input type="checkbox"/>		
Compressed Natural Gas	<input type="checkbox"/>		
Other: _____	<input type="checkbox"/>		
<b>Supplier Name:</b>		<b>Supplier Address:</b>	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

16. Will the bulk storage location be used to fuel licensed vehicles only? Yes  No

17. Will the bulk storage location be used to fuel non licensed equipment only? Yes  No

18. Please list the type of non licensed equipment that will be fueling from this bulk storage location.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Will special fuel be sold from this bulk storage location? Yes  No  Note: The Delaware Special Fuel Law does not authorize special fuel to be sold to third parties under a Special Fuel User license.

20. List the number & type of licensed vehicles that will be fueling from this bulk storage tank:

<u>Vehicle Type</u>	<u>Number of Vehicles</u>
Road Tractors	_____
3 Axle Trucks	_____
2 Axle Trucks	_____
Other	_____

21. Estimate the number of gallons of taxable special fuel that will be used by the applicant from this tank during an **average month**:

	<u>Taxable Special Fuel</u>
<u>Average Gallons Per Month</u>	_____

22. Does this application involve a change in the company's legal name or federal identification number? Yes  No

If yes, list the previous name and number.

Company name \_\_\_\_\_

Federal employer identification number or social security number: \_\_\_\_\_

23. Does the application involve the takeover and continuation of another business? Yes  No

If yes, list the following:

Company name \_\_\_\_\_

Federal employer identification number or social security number: \_\_\_\_\_

24. Have all persons responsible for reportable fuel activity read the Motor Fuel & Special Fuel Tax Law (Chap. 51, Title 30, DE. Code)? In addition, have all persons responsible for reportable fuel activity read the Delaware Policy Directive regarding the "Taxation of Low Sulfur Clear Diesel"? Do these persons understand these provisions? Yes  No

25. Have any individuals identified in Item 11 of this application ever been convicted of a felony? Yes  No

Please provide copies of the criminal history records that detail the nature of the felony and the current status of any related sentencing provision. Please note that a "Yes" response to this question will not necessarily disqualify the applicant.

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I (we), certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Authorized Name (Please Print)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Individual Title

\_\_\_\_\_  
Date of Application