



Motor Vehicle Division

Mail Drop 521M
Fuel Tax Licensing Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

96-0286 R11/08 www.azdot.gov

USE FUEL VENDOR LICENSE APPLICATION

If licensing more than one location, fill out additional applications.

License Type (check all that apply) <input type="checkbox"/> Vendor <input type="checkbox"/> Vendor – Branch (\$5)		MVD Account Number (vendor accounts)		Location Information <input type="checkbox"/> New Location <input type="checkbox"/> Existing Location	
Business Type <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other:					
Company Name				Federal EIN *	
Doing Business As (DBA)					
Physical Street Address (no PO Box)		City	State	Zip	Phone ()
Mailing Address (if different from above)			City	State	Zip
Contact Person Name (first, middle, last, suffix)			Title		Phone ()
Address Where Records Will Be Maintained			City	State	Zip

Statutory agent designated in the Articles of Incorporation/Organization (must be an Arizona resident)

Statutory Agent Name (first, middle, last, suffix)					
Street Address		City	State	Zip	
Mailing Address (if different from above)		City	State	Zip	

Applicants: Sole Proprietor, Partner, Officer, Director, Member. If more space is needed, attach separate listing.

Applicant Name (first, middle, last, suffix)		Title		Driver License Number		State
Residence Address		City	State	Zip	Home Phone ()	
Applicant Name		Title		Driver License Number		State
Residence Address		City	State	Zip	Home Phone ()	
Applicant Name		Title		Driver License Number		State
Residence Address		City	State	Zip	Home Phone ()	

Yes No Has any applicant on this application ever been a sole proprietor, partner, member or officer of another entity that has held or now holds an Arizona Tax License? If yes, list below.

Name	License Type	Arizona Tax Account Number
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Yes No Has any applicant on this application ever been a sole proprietor, partner, member or officer of another entity that has had an Arizona Fuel Tax License denied or revoked? If yes, list below.

Name	License Type	Arizona Tax Account Number
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* Provide a copy of Internal Revenue Service (IRS) LTR 147C or any other tax document from the IRS to verify your federal Employer Identification Number (EIN).

Number of Fuel Dispensers (Pumps) At This Location

Gas _____ Diesel _____ Dyed Diesel _____ Biodiesel _____ Racing _____ Aviation _____

List only diesel or biodiesel or dyed diesel pumps with the appropriate tax rate.

Tax Rate	Fuel Type	Pump #	Tax Rate	Fuel Type	Pump #	Tax Rate	Fuel Type	Pump #
Tax Rate	Fuel Type	Pump #	Tax Rate	Fuel Type	Pump #	Tax Rate	Fuel Type	Pump #
Tax Rate	Fuel Type	Pump #	Tax Rate	Fuel Type	Pump #	Tax Rate	Fuel Type	Pump #
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Tax Rate	Fuel Type	Pump #	Tax Rate	Fuel Type	Pump #	Tax Rate	Fuel Type	Pump #

If use class and light class vehicles are allowed to fuel at the same diesel dispenser, light class vehicle customers must go inside for refund.

Vendors will maintain and keep all invoices, bills of lading, and other pertinent records pertaining to requested refunds for three years.

Each pump must be labeled with decals issued by ADOT identifying the tax rate included in the price of fuel at that pump. Indicate number of decal labels requested.

Labels Requested @ 18¢/gal	Labels Requested @ 26¢/gal
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A sample of your diesel sales receipt must be attached.

I will provide a sales receipt to the purchaser of the use fuel and retain a copy of the receipt in my files for at least 3 years.

I agree to comply with Arizona Revised Statutes in collecting the appropriate tax rate, vendor claim filing, vendor lease requirements, and posting the appropriate signage to disclose the Arizona Use Fuel tax rate. I agree to submit to MVD all business records required for verification of a vendor refund claim when requested. I agree that MVD may refuse a refund claim for just cause.

I certify that the information contained on this application is true, accurate and complete, to the best of my knowledge.

Must be signed by all partners, a member or corporate officer, or sole proprietor.

Print Name	Date	Signature	Title
Print Name	Date	Signature	Title
Print Name	Date	Signature	Title

MVD Use

Date Received	Date Reviewed	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date License Issued	Date License Mailed	Label Order Placed <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Labels 18¢ 26¢	Date Labels Mailed	Vendor Branch Number	Refund Account Number G-		