



Mail Drop 521M
 Fuel Tax Refund Compliance Unit
 Arizona Department of Transportation
 PO Box 2100
 Phoenix AZ 85001-2100

96-0152 R03/10 www.azdot.gov

USE FUEL VENDOR REFUND APPLICATION

Complete online or in black ink.

Refund Period Beginning Date	Refund Period Ending Date	Federal EIN	Refund Account Number G -	
Company Name			MVD License Number	
Doing Business As (DBA)				
Mailing Address		City	State	Zip
Contact Person Name		Contact Person Phone ()		

A use fuel vendor in Arizona is required to be licensed. If you do not have a use fuel vendor license, you must submit a Motor Fuel License Application, form # 96-0492, with this refund application.

This form must be used to apply for use fuel tax differential on use fuel sold to light class motor vehicles or exempt use class motor vehicles. Refund on use fuel sold for use in qualifying motor vehicles is at the rate of \$.08 per gallon.

All refund applications, with attachments, must be mailed to the address above. The vendor must keep a copy of the refund application with attachments. The vendor must complete this form in its entirety and any other required forms. The request will be returned for any missing information. Proper documentation must be kept to verify all claims for refund. If the amount you claim for refund is later determined to be incorrect, you may be assessed for tax due subject to penalty and interest pursuant to Arizona law.

Total Gallons Claimed For Refund

MVD Use	Total Gallons Purchased *	Total Gallons Claimed *	Adjustment Rate	Total Refund
VE			x \$0.08	\$

* from Use Fuel Vendor Summary Detail, form #96-0152A, for multiple branches
 from Use Fuel Vendor Branch Worksheet, form #96-0152B, for a single branch

I certify that the Arizona taxes have been paid on all of the gallons claimed above. The original, unaltered invoices (and supporting documents) for the gallons claimed will be maintained for three years.

Authorized Representative Name	Title
Authorized Representative Signature	Date

Must be signed by the licensee or an authorized officer of the business. All other signatures require a notarized power of attorney.

ADOT Use

Level 1	Date Reviewed	Reviewer	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date	Postmark Date
Comments					
Level 2	Date Reviewed	Reviewer	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date	Claim Number
Comments					