



# Motor Vehicle Division

Mail Drop 521M  
Motor Carrier and Tax Services  
Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100

## USE FUEL BULK PURCHASER REFUND REQUEST

96-0160 R02/10 www.azdot.gov

Must be completed in full and mailed to the address above.

|                                |      |                           |     |
|--------------------------------|------|---------------------------|-----|
| Refund Period Beginning Date   |      | Refund Period Ending Date |     |
| Bulk Purchaser Name            |      | Phone Number<br>(      )  |     |
| Bulk Purchaser Mailing Address | City | State                     | Zip |

Complete this form to request \$0.08 per gallon refund on use fuel (diesel) used in light class or exempt use class vehicles, when the tax paid on the fuel purchased was \$0.26 per gallon, and the fuel was purchased in bulk.

- **Do not** use this form to request a \$0.26 per gallon refund for non-taxable activity
- Equipment List must be submitted with your initial request
- Equipment List must be updated, when applicable, for new or replacement equipment
- All refund requests by an unlicensed entity or person must be submitted within 6 months from the date the fuel was purchased. An entity or person licensed as a supplier, an IFTA carrier, a restricted distributor or a use fuel vendor has 3 years to submit a request.

**Attach a copy of all purchase invoices.**

|                           |   |                       |   |                    |   |
|---------------------------|---|-----------------------|---|--------------------|---|
| Light Class Vehicles      |   | Gallons Claimed       |   |                    |   |
| Exempt Use Class Vehicles | + | Gallons Claimed       |   |                    |   |
| <b>Total</b>              | = | Total Gallons Claimed | x | Tax Rate<br>\$0.08 | = <input type="text" value="Total Refund Due"/> |

I certify that I paid \$0.26 tax per gallon on the Total Gallons Claimed and will retain supporting documents for a minimum of 3 years.

|                      |       |      |
|----------------------|-------|------|
| Authorized Signature | Title | Date |
|----------------------|-------|------|

Authorized signer must be the taxpayer or officer representing the taxpayer (others require that a **power of attorney** be attached or on file with MVD).

|                    |                          |       |  |
|--------------------|--------------------------|-------|--|
| Preparer Name      |                          | Title |  |
| Preparer Signature | Phone Number<br>(      ) | Date  |  |