Mail Drop 541M
Fuel Tax Licensing
Arizona Department of Transportation
PO Box 2100
Phoenix AZ 85001-2100

Clear

MOTOR FUEL SUPPLIER APPLICATION

96-0609A R01/13 www.azdot.gov

General Instructions

- Follow the application Checklist to ensure that your application packet is complete.
- Complete the checklist and application, and mail both to the address above.
- Correction fluid/tape cannot be used. Applications using correction fluid/tape will be returned.
- Subject to the terms and conditions of the license, you will be required to file monthly fuel tax reports using our electronic fuel tax reporting system.
- Equipment and Facilities: You must, at your own expense, provide and maintain equipment, software, services and testing to transmit required monthly reports and comply with the terms of the license.
- Security: You must use security procedures to ensure that all transmissions of the reports are authorized, and to protect your records and data from improper access. You must maintain confidentiality and security of information in accordance with all required standards and procedures. You must notify us immediately of any breach of confidentiality or security.
- Reporting Contact: The designated reporting contact coordinates and controls account user access.
- Confidentiality Waiver: You waive any rights to confidentiality of taxpayer information for purposes of audit or verification of electronic reporting and authorize us to disclose any such confidential information to any person in connection therewith.
- License will be terminated for: 1) ending business in Arizona, or for insolvency, bankruptcy or dissolution or assignment of assets to creditors 2) cancellation of motor fuel supplier bond. (ARS 28-5633 through 5635)
- Terms of license and reporting are binding upon your heirs, executors, administrators, successors and assigns.

Who Must Be Licensed? – You must submit this application if you meet the requirements under Arizona Motor Fuels Tax law, ARS Title 28, Chapter 16, Articles 1, 2 and 6. To complete this application accurately, it is important to know the definitions and requirements of the supplier and permissive supplier license. You **must** be licensed before engaging in business in Arizona.

If you have any questions about this application, please contact Fuel Tax Licensing at adotftlu@azdot.gov or 602-712-8853.

New Supplier Checklist

The following are the forms and documentation required to apply for a motor fuel supplier license. Missing items will prevent your application from being processed. (All forms are available on the Motor Vehicle Division website at www.azdot.gov.)

- ❒ This application must be complete and properly signed; must be typed or written legibly in ink.
- ❒ Application fee enclosed ($50.00 non-refundable). Please make check payable to: ADOT.
- ❒ This Checklist enclosed
- ❒ If physical address of business is outside of Arizona, provide name of designated statutory agent in Arizona
- ❒ For sole proprietorship and general partner, enclose one:
  - Authorized Presence Documentation, 96-0560
  - Authorized Presence Exemption Request, 96-0566
- ❒ Electronic Funds Transfer Authorization Agreement, 96-0335, enclosed
- ❒ Arizona Corporation Commission Certificate of Good Standing enclosed (corporation, LLC or LLLC only)
- ❒ Detailed explanation of merger, if in the last four years
- ❒ Federal 637 Registration, if applicable
- ❒ IRS 147C letter, W-9 or other tax document from IRS to verify your EIN
- ❒ Business Background (brief business history) enclosed (see page 5)
- ❒ Scope of Operations (current and projected) enclosed (see page 5)
- ❒ Power of Attorney–Motor Fuel Tax, 96-0611 (required if someone is acting on the applicant's behalf, once licensed)
- ❒ Post a supplier bond (enclose Fuel Supplier Bond, 96-0153)
- ❒ All officers/members listed on the Arizona Corporation Commission website must appear under All Applicants in this application.
- ❒ Licensee or authorized officer that signs the application must be included in the All Applicants section of the application.

Must be signed by licensee or authorized officer of the business. No power of attorney or agent signature will be accepted.

Company Name		Applicant Name
Applicant Signature	Title	Date

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MOTOR FUEL SUPPLIER APPLICATION

General Information

Expected Start of Business Date

License Type Requested

❒ Supplier ARS 28-5601 ❒ Supplier with Blanket Election 28-5636 ❒ Permissive Supplier 28-5601

Application Type

❒ New ($50 filing fee) ❒ Federal ID Change ($50 filing fee) – Requires submission of a full application packet (see Checklist).

❒ Name Change ❒ Other (explain):

Company Name – Must match legal name on record, e.g., for corporations, name registered with the Arizona Corporation Commission

Trade Names/DBA – Must match legal name on record with Arizona Secretary of State (attach list, if additional space needed)

Sole Owner Name (first, middle, last, suffix) – if individually owned	
Federal EIN (required) *	ADOT Account Number

* Federal Employer Identification Number (EIN) assigned to your business by the Internal Revenue Service (IRS). You must have an EIN to apply for a fuel supplier license. Attach IRS 147C Letter, W-9 or other tax document from the IRS to verify your EIN.

Company Identification

Business Domicile	Statutory Agent Name (if domiciled in other jurisdiction)
❒ Arizona ❒ Other (specify jurisdiction):	

Business Type

❒ Corporation ❒ LLC ❒ LLLC ❒ Partnership ❒ LLP Government: ❒ Federal ❒ State ❒ County ❒ City

❒ Sole Owner ❒ Other (specify):

If an Arizona corporation, LLC or LLLC, attach a current Arizona Certificate of Good Standing and provide the following.

Arizona Filing/Charter Number	Arizona Filing/Charter Date

❒ Yes ❒ No If a corporation, has it been involved in a merger in the last four years? (If Yes, attach detailed explanation.)

Business Location Information

Street Address (physical address of company headquarters; no PO box)	City	State	Zip
County	Business Phone Number ( )		
Mailing Address (if different from Street Address)	City	State	Zip
Refund Mailing Address (where you wish to receive refunds from ADOT)	City	State	Zip
Address Where Records For This License Will Be Maintained and Stored	City	State	Zip

Licensing Contact

Contact Person Name (for application/licensing)		Title
Contact E-mail Address (required)	Contact Phone ( )	Fax ( )

Reporting Contact

Reporting Contact Name (for fuel tax reporting)		Title
Contact E-mail Address (required)	Contact Phone ( )	Fax ( )

All Applicants: Sole Owner; Partner; Officer (President, Vice President, Secretary, etc.), Director and Member (If more than three applicants, attach additional document with required information as listed.)

Applicant Name (first, middle, last, suffix)	Title	Applicant Social Security Number *
Home Address	City	State / Zip
Home Phone ( )	Position Held ❒ Sole Owner * ❒ Partner * ❒ Officer ❒ Director ❒ Member	
Spouse Name (if none, write None) *	Spouse Social Security Number *	

Applicant Name (first, middle, last, suffix)	Title	Applicant Social Security Number *
Home Address	City	State / Zip
Home Phone ( )	Position Held ❒ Sole Owner * ❒ Partner * ❒ Officer ❒ Director ❒ Member	
Spouse Name (if none, write None) *	Spouse Social Security Number *	

Applicant Name (first, middle, last, suffix)	Title	Applicant Social Security Number *
Home Address	City	State / Zip
Home Phone ( )	Position Held ❒ Sole Owner * ❒ Partner * ❒ Officer ❒ Director ❒ Member	
Spouse Name (if none, write None) *	Spouse Social Security Number *	

* If company is individually owned or a partnership, the sole owner or all partners are required to provide spouse information, and are required by ARS 44-1373 to provide the Social Security Number. (It will be used to verify identity and to comply with taxpayer enforcement laws.)

Licensing Questions

Carefully read all questions. Answers will be used to determine your license type and eligibility.

❒ Yes ❒ No 1. Have you been issued a federal Certificate of Registry (under 26 USC Section 4101) by the Internal Revenue Service? (If Yes, enter below. Attach federal 637 Registration.)

Certificate of Registry Number	Effective Date

❒ Yes ❒ No 2. Will you hold a position in a terminal or refinery in this state?

❒ Yes ❒ No 3. Will you import more than 16,000 gallons per year of tax due motor fuel into this state?

❒ Yes ❒ No 4. Have you entered into any Two-Party Exchange Agreements with other suppliers where you became responsible for paying the resulting tax to the State of Arizona? (refer to ARS 28-5601.35)?

❒ Yes ❒ No 5. Will you sell dyed diesel to be used for federally exempt school buses or local transit authority buses?

❒ Yes ❒ No 6. Will you produce and sell biodiesel (use fuel)?

❒ Yes ❒ No 7. Do you possess motor fuel with an invoice that does not include Arizona motor fuel taxes?

❒ Yes ❒ No 8. Will you blend tax due ethanol or any other approved tax due blending component with tax paid motor fuel in this state (splash blending)?

❒ Yes ❒ No 9. Will you sell biodiesel (use fuel) to others and dispense directly into vehicle fuel tanks?

❒ Yes ❒ No 10. Will you hold a position in a terminal or refinery outside of this state?

❒ Yes ❒ No 11. Will you purchase tax paid motor fuel from outside this state for resale in this state?

❒ Yes ❒ No 12. Will you transport for sale tax paid motor vehicle fuel from one county in this state to another county in this state?

❒ Yes ❒ No 13. Will you operate retail locations that dispense diesel (use fuel) directly into vehicle fuel tanks?

❒ Yes ❒ No 14. Will you operate a bulk storage facility that dispenses diesel (use fuel) into the fuel tanks of vehicles for other than your own use? (Bulk storage means a motor fuel storage and distribution facility that is not a terminal or final destination for the fuel, from which tax paid motor fuel only is stored and removed.)

❒ Yes ❒ No 15. Will you provide mobile delivery and dispensing of diesel (use fuel) into the fuel tanks of vehicles for other than your own use?

❒ Yes ❒ No 16. Do you currently hold a use fuel vendor license (for sale of diesel)?

❒ Yes ❒ No 17. If you answered Yes to question 16, are these vendor licenses under the same federal EIN as indicated on this application?

❒ Yes ❒ No 18. If you answered No to questions 16 and 17, do you plan to apply for a use fuel vendor license under the same federal EIN as listed on this application (for sale of diesel)?

Supplier Questionnaire

This section is critical to the licensing evaluation process. Attach additional documents, if needed, for any question.

1. ❒ Yes ❒ No Do you hold a Navajo Nation supplier license? If Yes, provide license number.

Navajo Nation Supplier Lic. #

2. ❒ Yes ❒ No Has the corporation, LLC, LLLC, LLP, partnership, or any officers, members, owners of the business, or Reporting Contact been convicted of any felony or misdemeanor involving motor fuel or any tax issues? If Yes, explain below.

3. ❒ Yes ❒ No Has the corporation, LLC, LLLC, LLP, partnership, or any officers, members, owners of the business, or Reporting Contact had a motor fuel license canceled or refused for issuance or renewal in Arizona or another state or foreign jurisdiction? If Yes, explain below.

4. Does the corporation, LLC, LLLC, LLP, partnership, or do any officers, members, owners of the business or Reporting Contact, now or in the past:

a. ❒ Yes ❒ No Hold a supplier, restricted distributor, vendor, IFTA or any other license issued by the State of Arizona? If Yes, complete below.

ADOT Account Number	License Type	License Name	Federal EIN

b. ❒ Yes ❒ No Hold or held a supplier, restricted distributor, vendor or IFTA license issued by the State of Arizona in **another name**? If Yes, complete below.

ADOT Account Number	License Type	Previous License Name	Federal EIN

c. ❒ Yes ❒ No Hold or held a motor fuel license in another state? If Yes, complete below.

Account Number	License Type	State	Federal EIN

Previous Owner Information If you purchased an existing Arizona licensed business or business assets, provide the following information.

Previous Owner Legal Name			Previous Owner Trade Name/DBA		
Purchase Date	ADOT Account Number	Federal EIN	Assets Purchased? ❒ Yes ❒ No	Phone Number ( )	
Street Address			City	State	Zip

Business Overview

1. Provide the amount of fuel in the storage tanks at time of purchase.

Gasoline Gallons	Diesel Gallons	Aviation Gallons	Dyed Diesel Gallons

2. Business Background: Attach a brief business history for your company, e.g., company background, years in operation, types of services provided, sales, method of transport, storage facilities, etc.

3. Scope of Operations: Attach a brief description of your current and projected scope of operations, including a business plan overview, estimated sales in dollars and gallons, current related business activities, and areas planned for expansion. If you are new to the state and doing similar business in other states, include a description of similarities and differences. Provide your three to five year outlook on scope of operations.

Branch Offices – List branch offices that are located in this state; attach additional document, if needed.
Note: There is a $5.00 fee for each branch application.

Branch Name – Primary	Nature of Business			Date Opened
Street Address	City	County	State	Zip

Branch Name	Nature of Business			Date Opened
Street Address	City	County	State	Zip

Branch Name	Nature of Business			Date Opened
Street Address	City	County	State	Zip

Terminal Operations/Facility

1. ❒ Yes ❒ No Will you own, lease or operate terminals that are licensed with the federal government in this state?
2. ❒ Yes ❒ No Will you own, lease or operate terminals that are licensed in another state or country, from which you will import motor fuel from a point outside this state to a point inside this state?
3. ❒ Yes ❒ No Will you own, lease or operate terminals in another state, in which you will report and pay the tax to Arizona, but not deliver the fuel to Arizona?
4. Identify all terminals, regardless of state, from which you will conduct motor fuel business that impacts this state. Attach additional document, if needed.

Terminal Name	Control Number	City and State	Method of Delivery Into Arizona (Out-of-State Terminals Only)	O/L	P/NP	Y/N

O = Own; L = Lease; P = Position Holder; NP = Non-Position Holder; Y = Operate; N = Do not operate

5. ❒ Yes ❒ No Do you plan to provide terminaling, blending or any other service to other suppliers in this state? If Yes, indicate with whom below? Attach additional documents, if needed.

Supplier Name	Describe Services Provided

6. ❒ Yes ❒ No Will you own/lease and/or operate a refinery – as defined in ARS 28-5601(27) – that distributes motor fuel from a refinery rack in this state? If Yes, complete below (mark all that apply).

❒ Own ❒ Lease ❒ Operate

Refinery Name	IRS Terminal/Refinery Control Number	City and State	Federal EIN	P/NP

P = Position Holder; NP = Non-Position Holder

Exporter Information

❒ Yes ❒ No Will you export motor fuel products from this state? If Yes, complete below.

Destination State	Destination State's Motor Fuel License Number	Motor Fuel Products Licensed To Import Into Other States

Bulk Storage

Bulk storage means a motor fuel storage and distribution facility that is not a terminal or final destination for the fuel, from which tax paid motor fuel only is stored and removed.

1. ❒ Yes ❒ No Will you own/lease and/or operate bulk motor fuel storage facilities or railroad off-loading facilities in this state?

If Yes, identify the facilities you own/lease and/or operate in this state. Attach additional documents, if needed.

Facility Name				
Facility Street Address	City	State	Zip	County

Enter Facility Capacity (in Gallons)

Open Date	O/L/P	Gasoline Gallons (incl. Ethanol Blend)	Clear Diesel Gallons (incl. Biodiesel Blend)	Dyed Diesel Gallons (incl. Biodiesel Blend)	Aviation Fuel Gallons	Blend Stock Gallons

O = Own; L = Lease; P = Operate

Facility Name				
Facility Street Address	City	State	Zip	County

Enter Facility Capacity (in Gallons)

Open Date	O/L/P	Gasoline Gallons (incl. Ethanol Blend)	Clear Diesel Gallons (incl. Biodiesel Blend)	Dyed Diesel Gallons (incl. Biodiesel Blend)	Aviation Fuel Gallons	Blend Stock Gallons

O = Own; L = Lease; P = Operate

2. ❒ Yes ❒ No Do you plan to **participate** in a community bulk storage tank facility in this state? If Yes, indicate with whom below? Attach additional documents, if needed.

Facility Name	Participant Name			
Facility Street Address	City	State	Zip	County

Enter Facility Capacity (in Gallons)

Start Date	O/L/P	Gasoline Gallons (incl. Ethanol Blend)	Clear Diesel Gallons (incl. Biodiesel Blend)	Dyed Diesel Gallons (incl. Biodiesel Blend)	Aviation Fuel Gallons	Blend Stock Gallons

O = Own; L = Lease; P = Operate

Fuel Receipts and Disbursements

1. ❒ Yes ❒ No Do you plan to be a position holder (shipper of record) on one of the commercial pipelines serving this state?
2. ❒ Yes ❒ No Do you plan to purchase gasoline or diesel blending stocks?
3. ❒ Yes ❒ No Do you plan to blend these stocks into gasoline or diesel for resale below the rack?
4. ❒ Yes ❒ No Do you plan to sell aviation fuel?
5. ❒ Yes ❒ No Do you plan to sell racing fuel?
6. ❒ Yes ❒ No Do you own or control other businesses in the petroleum industry (e.g., other suppliers, restricted distributors, fuel carriers, retail vendor locations, terminal storage or brokers)? If Yes, specify below businesses that operate in this state. Attach additional documents, if needed.

Business Name	ADOT Account # (if applicable)	Business Type

Dyed Diesel

❒ Yes ❒ No Will you sell dyed diesel fuel to school districts and/or local transit authorities? If Yes, use fuel tax at the light class rate of 18¢ per gallon will be required to be paid.

County Fuel Planned Delivery Activity

Purchase Fuel From (identify counties from which you plan to purchase fuel)

❒ Apache ❒ Cochise ❒ Coconino ❒ Gila ❒ Graham ❒ Greenlee ❒ La Paz ❒ Maricopa ❒ Mohave ❒ Navajo
❒ Pima ❒ Pinal ❒ Santa Cruz ❒ Yavapai ❒ Yuma ❒ Imported from Another Jurisdiction

Deliver Fuel To (identify counties to which you plan to deliver fuel)

❒ Apache ❒ Cochise ❒ Coconino ❒ Gila ❒ Graham ❒ Greenlee ❒ La Paz ❒ Maricopa ❒ Mohave ❒ Navajo
❒ Pima ❒ Pinal ❒ Santa Cruz ❒ Yavapai ❒ Yuma ❒ Another Jurisdiction

Signatures

Attach documents with additional partners and signatures, if needed.

- If sole owner, must be signed by the owner and spouse.
- If partnership or LLP, must be signed by all general partners.
- If corporation, LLC or LLLC, must be signed by one corporate officer.
- If government, must be signed by your agency director or designee.

I certify under penalty of perjury that I am duly authorized to make the foregoing application and that the information contained in this application is true, accurate and complete, to the best of my knowledge. I agree that the place of business, if licensed, may be inspected during business hours, or at any time business is being conducted on the premises, by officials and agents of the Arizona Department of Transportation, for purposes of determining compliance with the Arizona Revised Statutes.

Supplier, restricted distributor, vendor or vendor branch business activities conducted in Arizona prior to the issuance of a license may be subject to penalties.

Application Date

Must be signed by licensee or authorized officer of the business. No power of attorney or agent signature will be accepted.

Name and Title of Sole Owner, Partner or Officer	Sole Owner, Partner or Officer Signature

Name and Title Partner or Officer	Partner or Officer Signature

Name and Title Partner or Officer	Partner or Officer Signature

ADOT Use

Date Reviewed	Approved ❒ Yes ❒ No	License Type	Date License Issued	Date License Mailed
ADOT Account Number		Cycle Effective Date		