

**APPLICATION
FOR PETROLEUM
TRANSPORTER
REGISTRATION**



210440049

In accordance with the business regulation article, § 10-401 of the annotated code of Maryland, 1997 edition and any cumulative supplement

1. _____ Account # _____
Legal Name of Registrant

Trade Name

Address

City State ZIP Code

2. Federal Identification Number (FEIN/Social Security) _____

3. Do you transport motor fuel into Maryland from another state? Yes No

4. Do you transport motor fuel from Maryland into another state? Yes No

5. Total number of highway vehicles transporting fuel with a carrying capacity exceeding 1,749 gallons _____

6. Total number of waterborne vessels transporting motor fuel _____

7. Total number of rail tank cars transporting motor fuel _____

8. I certify, under the penalty provided by law, that the statements and information furnished hereon are true and correct to the best of my knowledge. (Reference Business Regulation Article, §10-401 and §10-411)

Authorized Printed Name & Title Authorized Signature Date Area Code & Phone #

Important

Incomplete Applications Cannot Be Processed
Follow directions on reverse side

**COMPTROLLER OF MARYLAND
FIELD ENFORCEMENT BUREAU
MOTOR FUEL LICENSING AND REGISTRATION SECTION
P.O. BOX 2397, ANNAPOLIS, MD 21404-2397
410-260-7215 or 888-784-0142
mft@marylandtaxes.gov**



Instructions

Petroleum Transporter registration is required for conveyances having a carrying capacity exceeding 1,749 gallons of motor fuel if the product is being transported to or from a place in Maryland.

This registration is also required for transport by vessels and rail tank cars. A pipeline company need only complete items 1 through 4, and item 8.

No identifying markers will be issued. New accounts will be issued a Letter of Registration which will remain in effect until cancelled by this office or request of the transporter.

- Items 1 & 2 - Please provide your legal name and address and the Federal Employer Identification Number (FEIN) assigned to you in the spaces provided. If you are not required to obtain a FEIN, list your Social Security Number. Companies, corporations, partnerships, and employers must indicate their FEIN
- Item 3 - If you transport motor fuel into Maryland from another state or the District of Columbia for delivery here, check "Yes"
- Item 4 - If you transport motor fuel from Maryland to another State or the District of Columbia, Check "Yes"
- Item 5 - Enter the total number of **highway vehicles** with a carrying capacity exceeding 1,749 gallons
- Item 6 - Show total number of vessels (boats, ships, tankers, or barges), which operate on Maryland waters
- Item 7 - Show total number of rail tank cars used in Maryland
- Item 8 - Print or type your name and title, sign and date, and show your complete telephone number

Section §1-204 of the Tax General Law titled "Compliance with Worker's Compensation Act" requires the evidence of such compliance prior to the issuance of any permit by this office. The application hereby affirms (check one):

- _____ (a) The applicant is not an employer required to provide coverage by the Maryland Worker's Compensation Law; or
- _____ (b) The applicant is an employer required to provide employee Coverage by the Maryland Worker's Compensation Law and has secured such coverage as evidenced by the certificate of compliance attached herewith; or
- _____ (c) The applicant is an employer required to provide employee coverage by the Maryland Worker's Compensation law, has secured such coverage, and as evidence of such coverage, the following is submitted:

1. Name of Insurance Co. _____