

**APPLICATION FOR
SPECIAL FUEL TAX
EXEMPTION CERTIFICATE**



210470049

For RLS Use Only

Authority: Business Regulation Article, Title 9, Subtitle 3, Annotated Code of Maryland

Special fuel, as defined in Section 9-101 of the Tax-General Article, is any fuel, other than gasoline, that is usable as fuel in a compression or spark-ignited internal combustion engine.

EXEMPTION NUMBER

Indicate Type of Ownership

- | | | |
|---|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Non-MD Corporation Closed | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Maryland Corporation | <input type="checkbox"/> Fiduciary (Estate or Trust) | <input type="checkbox"/> Maryland Corporation Closed |
| <input type="checkbox"/> Regular Cooperative | <input type="checkbox"/> Non-MD Corporation Regular | <input type="checkbox"/> Limited Liability Co. LLC |

In accordance with Tax General Article, Title 9, Subtitle 3, Annotated Code of Maryland, application is hereby made. (Please type or print.)

1. Applicant's Legal Name		Trade Name	
Street Address		Business Telephone Number	Contact Email Address
City	State	ZIP Code	County
Federal Identification Number (FEIN)	MD Drivers License or Soundex Number		Social Security Number (SSN)

2. Type of Business _____
3. Total number of highway vehicles you own/operate using special fuel _____ Fuel Type _____
4. Total number of non-highway equipment pieces using special fuel _____ Fuel Type _____
5. If applicant is a corporation, partnership, or limited liability company provide names and titles for all officers, partners, or members and resident general agent and attorney-in-fact. Sole proprietors indicate home address and telephone number if different than item 1.

Name	Social Security Number	Home Address	Personal Telephone Number

6. Out-of-state applicant and LLC's must complete this item:
- Resident Agent's Name _____
- Maryland Address _____
- Resident Agent's Telephone Number _____
- FEIN or SSN _____ Email Address _____

**COMPTROLLER OF MARYLAND
FIELD ENFORCEMENT BUREAU
MOTOR FUEL LICENSING AND REGISTRRTION SECTION
P.O. BOX 2397, ANNAPOLIS, MD 21404-2397**

**Main: 410-260-7215
Toll-Free: 888-784-0142
Fax: 410-974-3129
mft@marylandtaxes.gov**



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7. Indicate the product(s) for which you are seeking a tax exemption, your supplier, anticipated monthly sales/use and Maryland storage (if any):

Product	Supplier	MD Storage Capacity	Anticipated Monthly Sales/Use
Diesel (On Road)			
Kerosene			
Propane			
Natural Gas			
Jet/Turbine Fuel			
Other			

Indicate Fuel Type

8. How do you intend to USE the fuel listed in Question 7?

9. Do you sell motor fuel? Yes No If yes, indicate type:

Propane Diesel Kerosene Natural Gas Jet/Turbine Fuel Other: _____

10. Is this application for the motor fuel tax exemption of turbine fuel delivered as tax exempt aviation fuel, pursuant to MD Tax-General 9-303 (c) exemptions? If yes, please include the FAA Air Carrier Certificate and/or other supporting documents with this application. Yes No

11. Show physical location of Maryland storage - if different than address indicated Question 1:

12. 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 license by this office. The applicant hereby affirms (complete one):

- a. the applicant is not an employer required to provide coverage by the Maryland Workers' Compensation Law; or
- b. the applicant is an employer required to provide employee coverage by the Maryland Workers' 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 Workers' Compensation Law and has secured such coverage. As evidence of such coverage, the following is submitted:

1. Name of Insurance Co. _____

2. Policy or Binder No. _____

13. I certify under the penalty provided by law, that the statements made and information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Print Authorized Person's Name

Print Authorized Person's Title

Authorized Person's Signature

Date