



BUREAU OF MOTOR AND
ALTERNATIVE FUEL TAXES
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APPLICATION FOR PENNSYLVANIA FUEL TRANSPORTER'S PERMIT

YEAR

BUREAU USE ONLY

Section 9019 of the PA Liquid Fuels and Fuels Tax Act (Title 75 Chapter 90 - PA Motor Vehicle Code) requires anyone importing, exporting or transporting fuels (clear diesel or kerosene) in Pennsylvania to register as a transporter and report such deliveries to the Department of Revenue on a monthly basis. There is a \$5 company registration fee for this permit. Section 9015 also requires anyone delivering liquid fuels (gasoline, gasohol, aviation gasoline or jet fuel) to file a monthly report showing such deliveries. The monthly carrier's report for liquid fuel and fuels delivered (DMF-26 and DMF-26a) must be filed by common or contract carriers and by companies delivering their own products.

SECTION A. APPLICANT INFORMATION

Business Name (For Individual applicants give your full legal name)		FEIN/SSN	
Trade Name or DBA (if different from Business Name)		U.S. DOT number (if applicable)	
Contact Person Name		Contact Person Title	
Telephone Number	Contact Person Email Address		

SECTION B. ADDRESS INFORMATION

Physical Street Address (P.O. Box is not acceptable)	City	State	ZIP Code
County	Telephone Number		
Mailing Address (if different from above)	City	State	ZIP Code
County	Telephone Number		

SECTION C. BUSINESS ORGANIZATION INFORMATION

Check the box that describes the organization of your business.

- Corporation
 Partnership
 Sole Proprietorship
 Limited Liability Company
 Limited Partnership
 Other _____

Name, title, Social Security number and home address of the individual applicant if different from Section A. above or, in the case of a partnership or limited liability company, each individual partner or member owning 50 percent or more equity in the entity and, in the case of a corporation, the President, Secretary and Treasurer. If a partnership or limited liability company has no individual partners or members or no partner or member owning 50 percent or more equity in the entity, please list the name, title, Social Security number and home address of an individual responsible for the partnership or limited liability company's remittance obligations. (Attach a separate sheet if more space is required.)

Name	Title	SSN	
Home Address	City	State	ZIP Code
Name	Title	SSN	
Home Address	City	State	ZIP Code

Have you, any partner or a corporation in which you or any other partner had greater than 5 percent interest, ever been revoked as a licensee or convicted of a motor fuel tax-related violation? Yes No

If yes, indicate the jurisdiction(s) in which action(s) occurred: _____, and the date(s) of the action(s) _____ (attach a separate sheet if more space is required.)

SECTION D.**TRANSPORTER INFORMATION**

What method of transportation will be used to import, export or transport within this commonwealth? (Check all applicable boxes)

Transport Truck Railroad Tank Car Tank Wagon Pipeline Barge Ship

Will you transport fuel for:

Self Others

If you have selected others, please list the names of the companies you will transport fuel for: (Attach a separate sheet if more space is required)

If you use your own vehicles to transport fuel, indicate your base state for IFTA (fuel use) reporting. _____ N/A

SECTION E.**MISCELLANEOUS**

Name, title, telephone and e-mail address of persons (other than individual owners, partners or elected officers of the partnership, association, or corporation) who are authorized by any individual listed in Section C, or by power of attorney, to sign and/or discuss with the department any information related to your application or carrier reports.

Name	Title
Telephone Number	E-mail Address
Name	Title
Telephone Number	Email Address

SECTION F.**CERTIFICATION****ALL APPLICANTS MUST COMPLETE THIS SECTION**

Failure to complete all sections will result in the rejection of this application.

Applicant agrees, under penalty of perjury, that the information given on this application, to the best of his/her knowledge is true, accurate and complete. This form must be signed by an owner, partner or corporate officer named on this application or by an authorized agent. If signed by an authorized agent, a properly completed Power of Attorney must be attached to this application.

Please attach a check or money order in the amount of \$5 made payable to the PA Dept. of Revenue.

Name	Signature	Title	Date
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