

REV-822

PA DEPARTMENT OF REVENUE
PO BOX 280646
HARRISBURG PA 17128-0646

**APPLICATION FOR
ALTERNATIVE FUELS
TAX PERMIT**

OFFICIAL USE ONLY

Complete this application to request an Alternative Fuels Tax Permit, which is needed whenever alternative fuels are used and placed into the supply tank of a motor vehicle intended for use on a public highway of the commonwealth.

SECTION I		APPLICANT INFORMATION	
Legal Name (For individual applicants give your full legal name)		FEIN	
Trade Name or DBA (if different from Legal Name)		SSN (sole proprietor's if FEIN does not exist)	
Contact Person Name	Contact Person Title	Business Telephone Number	
Contact Person Email Address		Cellular Telephone Number	Fax Number

SECTION II		ADDRESS INFORMATION	
Physical Street Address (PO Box is not acceptable)			
County	City	State	ZIP Code
Mailing Address (if different from above)			
County	City	State	ZIP Code

SECTION III		BUSINESS ORGANIZATION INFORMATION	
Fill in the oval that describes the organization of your business.			
<input type="radio"/> Sole Proprietor	<input type="radio"/> Partnership	<input type="radio"/> Limited Liability Partnership	<input type="radio"/> Other _____
<input type="radio"/> Corporation	<input type="radio"/> Limited Partnership	<input type="radio"/> Limited Liability Company	
If incorporated, provide date and state of incorporation		Date _____	State _____
If an out-of-state corporation, provide date of Foreign Registration Statement		Date _____	
Provide your NAICS code		NAICS _____	

Name, title, Social Security number, FEIN or ITIN and home address of the individual applicant if different from Section I, Applicant Information, 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, FEIN or ITIN and home address of an individual responsible for the partnership or limited liability company's remittance obligations. The FEIN in Section I, Applicant Information, may not be used below. Attach a separate sheet if more space is required.

Name	Title	SSN/FEIN/ITIN	
Home Address	City	State	ZIP Code
Name	Title	SSN/FEIN/ITIN	
Home Address	City	State	ZIP Code
Name	Title	SSN/FEIN/ITIN	
Home Address	City	State	ZIP Code



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SECTION III BUSINESS ORGANIZATION INFORMATION (continued)

Name, title, telephone and email address of persons (other than individual owners, partners or elected officers of the partnership, association, or corporation) who are authorized by any individual listed above, or by power of attorney, to sign and/or discuss with the department any information related to your application and alternative fuel tax reports. Attach a separate sheet if more space is required.

Name	Title	Email Address	Telephone Number
Name	Title	Email Address	Telephone Number

SECTION IV TAX REPORTING SERVICE

Company Name	Contact Person	Contact Person Title	
Address	City	State	ZIP Code
County	Telephone Number		

SECTION V MISCELLANEOUS

Indicate the alternative fuel(s) being used: (Fill in all that apply)

- Liquefied Natural Gas (LNG) Methanol E85
- Compressed Natural Gas (CNG) Ethanol M85
- Liquid Propane Gas (LPG) Electricity Other _____

Do you import alternative fuels? Yes No
If yes, indicate states product is imported from _____

Do you export alternative fuels? Yes No
If yes, indicate states product is exported to _____

Average monthly taxable alternative fuel sales during the preceding 12 months _____

Average monthly taxable alternative fuel use during the preceding 12 months _____

Do you have storage in Pennsylvania? Yes No If yes, please complete the below.

List the location of your storage tank(s), its physical address, storage capacity, whether the property on which the facility rests is owned or leased and whether the pumps are metered or not. *Types of storage are overhead or underground tanks, skid tanks, trucks or drums. Attach a separate sheet if more space is required.

Street Address	Type of Fuel	Properties	Delivered By
City State ZIP Code	Capacity	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Metered Pumps <input type="checkbox"/> Unmetered Pumps
Street Address	Type of Fuel	Properties	Delivered By
City State ZIP Code	Capacity	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Metered Pumps <input type="checkbox"/> Unmetered Pumps
Street Address	Type of Fuel	Properties	Delivered By
City State ZIP Code	Capacity	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Metered Pumps <input type="checkbox"/> Unmetered Pumps



SECTION V MISCELLANEOUS (continued)

If applicable, please provide the name of your supply source(s). Attach a separate sheet if more space is required.

Name	Address	Telephone Number
Name	Address	Telephone Number
Name	Address	Telephone Number

SECTION VI CERTIFICATION

ALL APPLICANTS MUST COMPLETE THIS SECTION

Applicant further agrees, under penalty of perjury, that the information provided 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 and Declaration of Representative (REV-677) must be attached to this application.

Name	Signature	Title	Date
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Are you aware of the Pennsylvania Department of Revenue's new e-Services portal: myPATH? You may submit payments, registration, renewals, and more, online.

Visit revenue.pa.gov/mypathinformation for more information.

