

REV-1338R

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

OFFICIAL USE ONLY

**LIQUID FUELS
AND FUELS PERMIT
RENEWAL APPLICATION**

Remit this application, surety bond or other financial guarantees (if applicable) to renew your Liquid Fuels and Fuels Permit which shall expire May 31. If applicable, attach the enclosed liquid fuels and fuels location listing (REV-1338A) with this form.

This form may not be used to request a distributor reclassification.

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)

City	County	State	ZIP Code
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Mailing Address (if different from above)

County	City	State	ZIP Code
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SECTION III BUSINESS ORGANIZATION INFORMATION

Check the box that describes the organization of your business.

- Sole Proprietor
 Partnership
 Limited Liability Partnership
 Other
 Corporation
 Limited Partnership
 Limited Liability Company

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



SECTION III BUSINESS ORGANIZATION INFORMATION (cont.)

List any persons 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 motor fuel tax reports. Attach a separate sheet if more space is required.

Name (Please Print)		Title
Telephone Number	Email Address	
Name (Please Print)		Title
Telephone Number	Email Address	
Name (Please Print)		Title
Telephone Number	Email Address	

SECTION IV CERTIFICATION

Renewal documents must be received prior to May 31 each year to ensure proper processing of your permit. If you fail to remit the information timely, your permit may be subject to cancellation and your account may be removed from the Pennsylvania Registered Distributors List. 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.

Name	Signature	Title
Telephone Number	Email Address	Date



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.

