

REV-1338

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

**APPLICATION FOR LIQUID
FUELS AND FUELS PERMIT**

OFFICIAL USE ONLY

This application for a Liquid Fuels and Fuels Permit must be filed by every person planning to refine, use, or sell and deliver tax-free liquid fuels or fuels in Pennsylvania for use or sale and delivery therein and those persons importing or exporting liquid fuels or fuels upon which the applicable Pennsylvania Oil Company Franchise Tax has not been paid. Note this application also applies to jet fuel and aviation gasoline.

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 Motor 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

Which Distributor Class does your business model require? (Fill in one) Refer to REV-543 for additional information concerning distributor class types.

- Class 1 - Refiner/Wholesaler of liquid fuels and fuels
- Class 2a - Wholesaler of liquid fuels only (gasoline/gasohol)
- Class 2b - Wholesaler of jet fuel and/or aviation gasoline only
- Class 3 - Wholesaler of fuels only (diesel & kerosene)
- Class 4 - Importer
- Class 5 - Exporter
- Class 6 - Kerosene dealer
- Class 6a - Kerosene dealer (blocked pumps)

Total month's sales of taxable product by fuel type. Fill in the appropriate oval if these figures are estimated gallons or actual gallons.

Liquid Fuels _____	<input type="radio"/> Estimated	<input type="radio"/> Actual	Jet Fuel _____	<input type="radio"/> Estimated	<input type="radio"/> Actual
Fuel _____	<input type="radio"/> Estimated	<input type="radio"/> Actual	Aviation Gasoline _____	<input type="radio"/> Estimated	<input type="radio"/> Actual

Refinery Operations - Liquid fuels, fuels, jet fuel or aviation gasoline can be shipped from the following refinery locations to various PA customers or company locations. Attach a separate sheet if more space is required. N/A

Street Address	City	State	ZIP Code
Street Address	City	State	ZIP Code

Fuel Purchases or Receipts - Name source of supply. Attach a separate sheet if more space is required.

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

Wholesale Activity N/A

Number of unrelated retail locations to which the following are sold: Liquid Fuels _____ Fuels _____

Percent of your total sales sold to the retail locations listed above: Liquid Fuels _____ Fuels _____

Number of exempt entities to which the following are sold: Liquid Fuels _____ Fuels _____



SECTION V MISCELLANEOUS (continued)

Import/Export Activity N/A

Percent of your total sales that will be imported: Liquid Fuels _____ Fuels _____
 Jet Fuel _____ Aviation Gasoline _____

Percent of your total sales that will be exported: Liquid Fuels _____ Fuels _____
 Jet Fuel _____ Aviation Gasoline _____

Fuel Transporter - Provide a complete list of fuel transporters used including the company names and address. Attach a separate sheet if more space is required.

Name	Address
Name	Address
Name	Address

General Business Activity

Do you operate or have an affiliation with retail stations or truck stops? Yes No
If yes, indicate number of retail stations _____ truck stops _____ and which states _____

Do you own or lease locations in Pennsylvania from which liquid fuels or fuels are sold or delivered at a wholesale level? *If yes, you must complete the REV-1338A.* Yes No

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

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



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.

