

**PENNSYLVANIA FUEL  
 TRANSPORTER PERMIT  
 RENEWAL APPLICATION**

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. Permits can be renewed and Monthly Carrier Reports can be filed using myPATH. Visit [mypath.pa.gov](http://mypath.pa.gov) for more information.

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

SECTION III BUSINESS ORGANIZATION INFORMATION			
Check the box that describes the organization of your business.			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Other
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> 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 USDOT and NAICS code		USDOT _____	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

**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 Monthly Carrier Reports. Attach a separate sheet if more space is required.

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

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 IV TAX REPORTING SERVICE**

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

**SECTION V 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 VI 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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