

License # \_\_\_\_\_

Motor Fuel Tax Administration  
P.O. Box Drawer E  
Dover, Delaware 19903

Main: 302-744-2711  
Fax: 302-739-2143  
[www.DMV.DE.gov](http://www.DMV.DE.gov)

## **Aviation Jet Fuel License –AVIATION JET FUEL SUPPLIER**

**PLEASE NOTE ALL QUESTIONS MUST BE ANSWERED AND NECESSARY ADDITIONAL DOCUMENTATION ATTACHED TO PROCESS THIS LICENSE APPLICATION. PLEASE PRINT ALL ANSWERS CLEARLY.**

In accordance with Delaware Code, application is hereby made. (Please type or print.)

1. Applicant's Legal Name			Trade Name (If Different)	
Street Address (BUSINESS PHYSICAL and MAILING)			Business Telephone Number	Contact Email Address
City	State	Zip Code	County	Federal Identification Number (FEIN)
Drivers License or Soundex Number			Social Security Number (SSN)	

2. Type of ownership:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sole Proprietorship        | <input type="checkbox"/> Non-DE Corporation Closed   | <input type="checkbox"/> Partnership               |
| <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> Non-Profit Corporation      | <input type="checkbox"/> Governmental              |
| <input type="checkbox"/> DE Corporation Regular     | <input type="checkbox"/> Fiduciary (Estate or Trust) | <input type="checkbox"/> DE Corporation Closed     |
| <input type="checkbox"/> Cooperative                | <input type="checkbox"/> Non-DE Corporation Regular  | <input type="checkbox"/> Limited Liability Co. LLC |

3. If applicant is a corporation, partnership, or limited liability company provide names and titles for all officers, partners, or members and resident general agent and attorney-in-fact. Sole proprietors indicate home address and telephone number if different than item 1.

Name	SSN	Home Address	Telephone Number

4. If application business is incorporated under the laws of another state and have qualified with Delaware to do business in Delaware. Please attach a copy of the certificate issued by the Delaware Secretary of State showing the corporation is authorized to transact business in Delaware. Out-of-state applicant and LLC's must complete this item:

Resident Agent's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Resident Agent's Telephone Number \_\_\_\_\_  
 SSN or FEIN \_\_\_\_\_ Email Address \_\_\_\_\_

5. Will this application for a license lead to the cancellation of any existing account licenses established?  Yes  No  
 If yes, indicate the following accounts that should be canceled:

	Account Number
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Motor Fuel Distributor	_____
<input type="checkbox"/> Special Fuel Supplier	_____
<input type="checkbox"/> Special Fuel User/Dealer	_____
<input type="checkbox"/> Jet Fuel Supplier	_____

6. Does this application involve a change in the company's legal name or FEIN?  Yes  No  
 If yes, list the previous name and number.

Company Name \_\_\_\_\_  
 SSN or FEIN \_\_\_\_\_

7. Does this application involve the takeover and continuation of another business?  Yes  No  
 If yes, list name and FEIN number of that business.

Business Name \_\_\_\_\_  
 FEIN \_\_\_\_\_

8. Do you own or control storage in Delaware for jet fuel?  Yes  No  
 If yes, list the storage capacity for each fuel stored in Delaware. Attach list if necessary.

Location \_\_\_\_\_  
 \_\_\_\_\_

Product	Capacity/Location/Ownership Status
_____	_____
_____	_____
_____	_____
_____	_____

9. Do you have commingled storage in Delaware?  Yes  No

Name of Commingled Partners	Type of Fuels	Location

10. Indicate the number of retail service stations you supply in Delaware. \_\_\_\_\_

11. Estimate the number of gallons of Jet Fuel that will be sold or used by the applicant during an average month

	<b>Taxable</b>
<b>Average Gallons Per Month-Sales</b>	_____
<b>Average Gallons Per Month-Use</b>	_____
<b>Average Total Gallons -Sales &amp; Use</b>	_____

12. Do you sell fuels to the U.S. Government?  Yes  No

If yes, attach a copy of government contract(s).

List Name of Government Agency	Type of Fuel Sold
_____	_____
_____	_____
_____	_____

13. Will you be importing and or exporting fuel into Delaware? Yes No

14. If yes, will the applicant be hiring a common carrier to import and or export the product? If yes, please list name, FEIN, and telephone number of common carrier.

List State Name	License Number
_____	_____
_____	_____
_____	_____

15. List the states from which the applicant will import and/or export fuel into Delaware & the applicant license number in that state.

List State Name	License Number
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16. Check the methods by which you receive/ship jet fuel products:

Barge	<input type="checkbox"/> Receive	<input type="checkbox"/> Ship
Ship	<input type="checkbox"/> Receive	<input type="checkbox"/> Ship
Pipeline	<input type="checkbox"/> Receive	<input type="checkbox"/> Ship
Railcar	<input type="checkbox"/> Receive	<input type="checkbox"/> Ship
Tankwagon/Tank Trailer	<input type="checkbox"/> Receive	<input type="checkbox"/> Ship

List other methods:

_____	<input type="checkbox"/> Receive	<input type="checkbox"/> Ship
_____	<input type="checkbox"/> Receive	<input type="checkbox"/> Ship
_____	<input type="checkbox"/> Receive	<input type="checkbox"/> Ship

17. List quantity of all owned/operated petroleum transporter conveyances:

Type	Number	Capacity
Barge	_____	_____
Ship	_____	_____
Railcars	_____	_____
Tankwagon/Tank Trailer	_____	_____
List other methods:		
_____	_____	_____

18. List other states where a valid jet fuel license is held:

State	License Number
_____	_____
_____	_____
_____	_____

19. Are you a refiner of jet fuel?  Yes  No

20. Are you a refiner of aviation fuel?  Yes  No

21. Are the original source documents and records used in preparation of reports maintained at the same location identified in Question 1? Yes  No  (If no, where?)

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22. Are adequate internal controls maintained to support compliant Delaware tax reporting?

Yes  No

Please attach information on your system of internal controls specific to Delaware inclusive of any systems used.

23. Who is the person(s) to contact for audit purposes?

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

24. Who is the person(s) to contact for tax return preparation purposes?

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

25. Who is the person(s) to contact for tax return reviewer purposes?

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

26. Who is the person(s) to contact for problems above the tax return preparer and reviewer?

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

27. Application prepared by:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Title

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Email Address

28. I certify under the penalty provided by law, that the statements made and information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Title

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Date

