

APPLICATION FOR SPECIAL FUEL TAX EXEMPTION CERTIFICATE





Authority: Business Regulation	Article, Title 9	, Subtitle	e 3, Annotated	Code of N	Maryland	FOI RLS USE OTHY		
Special fuel, as defined in Section gasoline, that is usable as fuel i	on 9-101 of th	ie Tax-Ge	eneral Article, i	s any fuel	l, other than	e		
	I	ndicate	Type of Own	ership		EXEMPTION NUMBER		
Sole Proprietorship		Non-M	Corporation (Closed	Part	nership		
			ofit Corporation Governmental					
			ary (Estate or Trust) Marylan			yland Corporation Closed		
Regular Cooperative		Non-M	Corporation I	Regular	Limi	ted Liability Co. LLC		
In accordance with Tax Genera (Please type or print.)	Il Article, Title	9, Subt	itle 3, Annotat	ed Code o	of Maryland, a	application is hereby made.		
1. Applicant's Legal Name			Trade Name					
Street Address		Business Telephone Number Contact Email Address			address			
City		State	ZIP Code	County	у			
Federal Identification Number (FEIN)	MD Drive	rs License	e or Soundex Number Social S			Social Security Number (SSN)		
2. Type of Business								
3. Total number of highway ve								
4. Total number of non-highwa	y equipment	pieces u	sing special fu	el	Fuel Ty	pe		
If applicant is a corporation, partners, or members and r telephone number if differer	esident gener	al agent				nd titles for all officers, rs indicate home address and		
Name	Name Social Secur Number		Home Address			Personal Telephone Number		
6. Out-of-state applicant and L	LC's must cor	nplete th	nis item:					
Resident Agent's Name								
Maryland Address								
Resident Agent's Telephone								
FEIN or SSN								
COMPTROLLER OF M	IARYLAND				ı	Main: 410-260-7215		

FIELD ENFORCEMENT BUREAU MOTOR FUEL LICENSING AND REGISTRTION SECTION P.O. BOX 2397, ANNAPOLIS, MD 21404-2397

Toll-Free: 888-784-0142 Fax: 410-974-3129 mft@marylandtaxes.gov



MARYLAND **FORM** 047

APPLICATION FOR SPECIAL FUEL TAX EXEMPTION CERTIFICATE



7. Indicate the product(s) for which you are seeking a tax exemption, your supplier , anticipated monthly sales/use and Maryland storage (if any):

Product	Supplier	MD Storage Capacity	Anticipated Monthly Sales/Use
Diesel (On Road)			
Kerosene			
Propane			
Natural Gas			
Jet/Turbine Fuel			
Other			
Indicate Fuel Type			
8. How do you intend to USE the fu	uel listed in Question 7?		
9. Do you sell motor fuel? Ye	es No If yes, indica	ite type:	
Propane Diesel Kerose	ene Natural Gas Jet/Turb	oine Fuel Othe	er:
FAA Air Carrier Certificate and/	ax-General 9-303 (c) exemptions or other supporting documents wi	? If yes, please inc th this application	lude the
11. Show physical location of Mary	and storage - if different than add	dress indicated Qu	estion 1:
12. Section 1-204 of the Tax-Gener of such compliance prior to the	ral Law titled "Compliance with Wo issuance of any license by this off		
a. the applicant is not an emplo	oyer required to provide coverage	by the Maryland V	Vorkers' Compensation Law; or,
	required to provide employee covoverage as evidenced by the certif		
	required to provide employee cooperage. As evidence of such cove		
1. Name of Insurance Co.			
13. I certify under the penalty provare true, correct, and complete	rided by law, that the statements to the best of my knowledge and		tion furnished in this application
Print Authorized Person's Name	Print A	Authorized Person's Title	:
Authorized Person's Signature	Date		