FORM **047** 

MARYLAND MOTOR FUEL TAX

## APPLICATION FOR SPECIAL FUEL TAX EXEMPTION CERTIFICATE

Authority: Business Regulation Article, Title 9, Subtitle 3, Annotated Code of Maryland

**EXEMPTION NUMBER** 

For RLS Use Only

Comptroller of Maryland Regulatory and Licensing Section P.O. Box 2999 Annapolis, Maryland 21404 Main: 410-260-7215 Toll-Free: 888-784-0142 Fax: 410-974-3129

Email: mft@comp.state.md.us www.marylandtaxes.com

Special fuel, as defined in Section 9-101 of the Tax-General Article, is any fuel, other than gasoline, that is usable as fuel in a compression or spark-ignited internal combustion engine.

## **Indicate Type of Ownership**

Sole Proprietorship Unincorporated Association Maryland Corporation Regular Cooperative Non-MD Corporation Closed Non-Profit Corporation Fiduciary (Estate or Trust)

Non-MD Corporation Regular

Partnership Governmental Maryland Corporation Closed

Limited Liability Co. LLC

In accordance with Tax General Article, Title 9, Subtitle 3, Annotated Code of Maryland, application is hereby made. (Please type or print.)

1. Applicant's Legal Name			Trade Name				
Street Address			Business Telephone Number	Contact Email Address			
City	State	Zip Code	County	Federal Ide	ntification Number (FEIN)		
MD Drivers License or Soundex Number			I	rity Number (SSN)			
<ol> <li>Type of Business</li> <li>Total number of highway ve</li> <li>Total number of non-highway</li> <li>If applicant is a corporation partners, or members and rand telephone number if dif</li> </ol>	ehicles yo ay equipn , partners esident g	u own/operate nent pieces usi ship, or limited eneral agent a	e using special fuel	Fuel Type	s for all officers,		
Name		SSN	Home Address		Telephone Number		
6. Out-of-state applicant and I Resident Agent's Name		-					
Maryland Address							
Resident Agent's Telephone Nu							
FEIN or SSN		Email	Address				

	Product	Supplier	•	MD Storage Capacity	Anticipated Monthly	Sales/Use
[	Diesel (On Road)					
ŀ	Kerosene					
F	Propane					
1	Natural Gas					
-	let/Turbine Fuel					
	Other					
	Indicate Fuel Type					
8. I	How do you intend to USE the f	uel listed in Question	1 7?			
3. Do you sell motor fuel?		Yes No	If yes	If yes, indicate type:		
	Propane Diesel	Kerosene	Natural G	as Jet/Turb	ine Fuel	
	Is this application for the moto exempt aviation fuel, pursuan please include the FAA Air Carthis application.  Show physical location of Management of Mana	t to MD Tax-General	9-303 (c) exe or other suppo	emptions? If yes, rting documents v	vith	No 1:
	Section 1-204 of the Tax-Gene such compliance prior to the is a. the applicant is not an empl b. the applicant is an employer	suance of any license oyer required to pro	e by this office	by the Maryland V	reby affirms (con	nplete one) sation Law;
	Law and has secured such co	verage as evidenced	by the certifi	cate of compliance	attached herewi	th; or
	c. the applicant is an employed Law and has secured such co					mpensatio
	1. Name of Insurance Co					
	2. Policy or Binder No					
	I certify under the penalty pro are true, correct, and complete				ition furnished in	this applica
-	Print Name			Print Title		
-	Authorized Signat	ure		Date		

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