

# FLORIDA TEMPORARY FUEL TAX APPLICATION

- *Importer*
- *Exporter*
- *Carrier*
- *Pollutant*





# Florida Temporary Fuel Tax Application

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R. 01/16

## General Information

A person may obtain a temporary importer, exporter, pollutant, or carrier fuel tax license when the Governor of Florida has declared a state of emergency, or when the President of the United States has declared a major disaster in Florida or in any other state or territory of the United States.

“Importer” means any person that has met the requirements of section (s.) 206.051, Florida Statutes (F.S.), and is licensed by the Department to import motor fuel or diesel fuel upon which no precollection of tax has occurred, other than through bulk transfer, into this state by common carrier or company-owned trucks.

“Exporter” means any person who has met the requirements of s. 206.052, F.S., and who is licensed by the Department as an exporter of taxable motor or diesel fuels either from substorage at a bulk facility or direct from a terminal rack to a destination outside the state.

“Carrier” means every railroad company, pipeline company, water transportation company, private or common carrier, and any other person transporting motor or diesel fuel, casing-head gasoline, natural gasoline, naphtha, or distillate for others, either in interstate or intrastate commerce, to points within Florida, or from a point in Florida to a point outside the state.

“Florida Pollutant Importer” means any person who imports into or causes to be imported into Florida, taxable pollutants for sale, use, or otherwise.

When a state of emergency is declared in Florida, a person may obtain an importer or carrier fuel tax license to import or transport fuel into this state

When a major disaster has been declared in any state or territory other than Florida, a person may obtain an exporter or carrier fuel tax license to export or transport fuel to the state or territory where the disaster has been declared.

A temporary license will expire on the last day of the month after the month in which a license is issued.

A temporary license may be extended for the duration of a declared emergency or major disaster when the licensee makes a written request for such extension.

## To qualify for a temporary fuel license you must:

- Have a business location in Florida or in another state, *and*
- Have a sales tax registration if located in Florida, *or*
- Have a Florida fuel tax license, *or*
- Have a fuel license issued in a state other than Florida

## How many applications do I need?

To import, export, transport, or sell motor or diesel fuel in Florida during a declared state of emergency or major disaster, a person must file this application only once to engage in such business.

## How do I file this application?

You must:

- Complete the application in its entirety, and
- FAX a copy of the application to (850) 922-5938, and
- Mail the original signed application to:  
Fuel Unit  
Florida Department of Revenue  
P.O. Box 6480  
Tallahassee, FL 32314-6480

## Who must file this application?

Any person who seeks to import, export, transport, or sell motor and diesel fuel after the Governor of Florida or the President of the United States has declared a state of emergency or a major disaster.

## How do I get more information?

- For assistance with this application or general information about fuel tax, call Taxpayer Services, Monday through Friday, 8 a.m. to 7 p.m., ET, at 800-352-3671.
- Information, forms, and tutorials are available on our website at [www.myflorida.com/dor](http://www.myflorida.com/dor).

**NOTE:** You are authorized to begin the activity for which your license was issued (importer, exporter, carrier) on the date this application is faxed to the Department

## How much is the registration fee?

A registration fee is not required to get a temporary fuel license.

# WARNING:

**It is a third degree felony to operate without a license.**



Remove instructions before returning application.



Florida Temporary Fuel Tax Application

- 1. Federal Employer Identification Number (FEIN) FEIN [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
2. Business Name Phone No.
3. Trade Name, D.B.A. or A.K.A. Fax No.
4. Contact Person Phone No. ext.

5. Type and Legal Organization: (Please check only one)

A) Corporation (check one): C Corp S Corp If corporation, check any of the appropriate boxes that apply:

Publicly Held Corporation Privately Held Corporation Wholly Owned Subsidiary of a Publicly Held Corporation

B) Partnership (check one): General Limited Joint Venture

C) Limited Liability Company (check one): Single Member Multi-member

D) Individual/Sole Proprietorship

E) Business Trust

F) Governmental Agency

6. Principal Business Location Address (cannot be a post office box)

City County State ZIP

Country Foreign Postal Code

7. How would your company like to receive information on Florida fuel tax? (Please check one)

Mail (U.S. Postal Service)

Fax Fax No.

Email Email address

8. Please check each box that applies to your business activity.

Importer Exporter Common Carrier Private Carrier

9. Address where business records are maintained (cannot be a post office box)

City County State ZIP

Country Foreign Postal Code

10. Mailing address (cannot be a post office box)

City County State ZIP

Country Foreign Postal Code

11. Corporation Information

A) License Applicant: Date of Incorporation \_\_\_\_\_

If filing as a corporation, list the state in which you are incorporated: \_\_\_\_\_

List other states where your corporation has operated or is operating: \_\_\_\_\_

B) Parent Corporation (if applicable) Parent Corporation FEIN -

Parent Corporation Name \_\_\_\_\_

Parent Corporation Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_

**NOTE: If incorporated in a state other than Florida, you must attach a certified copy of the certificate or license issued by the Florida Secretary of State authorizing the corporation to transact business in Florida.**

12. Personnel/Partner Information: Full name, social security number (SSN), FEIN (if applicable), and address of each corporate officer, owner, general partner, stockholder with a controlling interest, and/or director. (Make copies of this page if additional space is needed.) **NOTE:** Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at [www.myflorida.com/dor](http://www.myflorida.com/dor) and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

A) Name \_\_\_\_\_ SSN -- (Individual)

Home Address \_\_\_\_\_ FEIN - (Business)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_

Corporate or Business Title \_\_\_\_\_ Interest/Ownership \_\_\_\_\_%

B) Name \_\_\_\_\_ SSN -- (Individual)

Home Address \_\_\_\_\_ FEIN - (Business)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_

Corporate or Business Title \_\_\_\_\_ Interest/Ownership \_\_\_\_\_%

C) Name \_\_\_\_\_ SSN -- (Individual)

Home Address \_\_\_\_\_ FEIN - (Business)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_

Corporate or Business Title \_\_\_\_\_ Interest/Ownership \_\_\_\_\_%

D) Name \_\_\_\_\_ SSN -- (Individual)

Home Address \_\_\_\_\_ FEIN - (Business)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_

Corporate or Business Title \_\_\_\_\_ Interest/Ownership \_\_\_\_\_%

**13. Carrier Information**

- A) Do you transport petroleum products/fuels over the highways and/or waterways of Florida? .....  YES .....  NO
- If "YES," are you a common carrier? .....  YES .....  NO ..... *If "NO," go to question 13(B)*
- If "YES," what mode of transportation is used to transport the fuel/petroleum products?       Truck       Rail       Vessel       Pipeline
- B) **If you are not a common carrier**, list the make/model, year, vehicle identification number, and total tanker capacity of each truck, barge, boat, or other equipment used to transport fuel on the highways or waterways of Florida. Cab cards will be issued for each motor vehicle or item of equipment used to transport fuel. (If necessary, attach a separate sheet.)

Make/Model	Year	Vehicle ID Number	Tanker Capacity (in Gallons)

**14. Pollutants Storage Information**

Will this business import pollutants into this state? .....  YES .....  NO

**Licensing Information**

15. Are you registered to collect and/or remit sales tax? .....  YES       NO
16. Will this business import fuels into Florida upon which there has been no precollection of Florida tax? .....  YES       NO
17. Do you transport petroleum products either for yourself or for hire? .....  YES       NO
18. Do you export fuels from this state other than by pipeline or marine vessel? .....  YES       NO
19. Do you have a fuel license issued by another state? .....  YES       NO
- IF yes, please provide the state and license number. State \_\_\_\_\_ License Number \_\_\_\_\_

**Affidavit of Applicant(s)**

I, the undersigned individual(s), or if a corporation for itself, its officers, and directors, hereby swear or affirm under penalty of perjury as provided in section 837.06, Florida Statutes, that I am duly authorized to make the foregoing application and that the application and all attachments are true and correct representation(s) of the premises to be licensed. If licensed, I agree that the place of business may be inspected and searched, during business hours or at any time business is being conducted on the premises, by officials and agents of the Department of Revenue for the purposes of determining compliance with Chapter 206, F.S.

Sworn to (or affirmed) and subscribed before me

State of \_\_\_\_\_ County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print or Type Applicant's Name

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

**WARNING :**

Read carefully: This instrument is a sworn document. False answers could result in criminal prosecution subject to fine and/or imprisonment and denial of your application.

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_