

APPLICATION FOR SPECIAL FUEL AND MOTOR FUEL USE TAX REGISTRATION

State of Florida
Division of Motor Vehicles
BUREAU OF MOTOR CARRIER SERVICES
Tallahassee, Florida 32399-0626

Application for Registration as an operator of commercial motor vehicles using Special Fuel or Motor Fuel with a gross vehicle weight in excess of 26,000 pounds, or with 3 or more axles regardless of weight, or when used in combination when the weight of such combination exceeds 26,000 pounds gross vehicle weight, pursuant to Chapter 207, Florida Statutes.

(PLEASE PRINT OR TYPE)

1. Business name of Motor Carrier.

Name of Owner(s) - (Individual Partnership Corporation )

Street No. (Business Location) City or Town State Zip

2. Mailing address if other than business location. Name

P.O.Box or Street No. City or Town State Zip

3. Telephone Number: Business Home (Area Code) (Phone No.) (Area Code) (Phone No.)

4. Name of Contact Person

5. Date you began operating motor vehicles over Florida highways, pursuant to Chapter 207, Florida Statutes.

Month Day Year

6. Federal Employer Identification Number (F.E.I.)

Social Security Number (if no F.E.I.)

7. If registered with Florida Department of Revenue under Chapter 206 as a Special Fuel Dealer or Motor Fuel Distributor, give License Number(s).

Special Fuel Motor Fuel

8. Please indicate whether you prefer to file Fuel Use Tax Reports (HSMV 85013) quarterly, annually.

9. Proof of Liability Insurance must accompany this application for registration. (see reverse side for instructions)

Insurance Company Name Policy No.

10. Type of transportation provided. Check where applicable.

Private Intrastate Passenger For Hire Interstate Freight Hazardous Commodities Non-hazardous Commodities

11. Maximun Gross Vehicle Weight of heaviest vehicle in fleet Lbs. I.C.C. Registered Yes No

12. Is your Company a driveaway operation Yes No

I, the undersigned, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document.

Signature of Applicant or Authorized Representative

(TITLE)

(DATE)

NO FEE REQUIRED WITH THIS APPLICATION:
PERMIT PURCHASE ORDER FORM WILL BE MAILED AT A FUTURE DATE
FLORIDA FUEL USE DECALS WILL NOT BE ISSUED UNLESS EVIDENCE OF INSURANCE IS PROVIDED.

SEE REVERSE SIDE FOR INSTRUCTIONS