

# West Virginia Motor Fuel Excise Tax License Application

Please read instructions prior to completing application.  
**PLEASE PRINT IN INK OR TYPE.**

<b>A APPLICANT INFORMATION</b>			
Legal Business or Corporation Name		FEIN/SSN	
Trade Name or DBA (if different from Business Name)		Federal Certificate of Registry Number	
Contact Person	Telephone Number (    )	Fax Number (    )	E-mail Address

<b>B ADDRESS INFORMATION</b>			
Physical Location (do not list P.O. Box)	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code
Address for Business Records	City	State	Zip Code

<b>C LICENSE INFORMATION (Attach additional pages if necessary.)</b>			
<b>Check each license for which you are applying.</b>			
<input type="checkbox"/> Supplier/Refiner	<input type="checkbox"/> Importer	<input type="checkbox"/> Terminal Operator	<input type="checkbox"/> Motor Fuel Transporter
<input type="checkbox"/> Permissive Supplier	<input type="checkbox"/> Exporter	<input type="checkbox"/> Blender	<input type="checkbox"/> Distributor
<input type="checkbox"/> Alternative Fuel Bulk End User	<input type="checkbox"/> Producer/Manufacturer	<input type="checkbox"/> Provider of Alternative Fuel	<input type="checkbox"/> Retailer of Alternative Fuel
List business license number(s) for the following (if applicable).			
IFTA License number:	IRP License number:	WV MCRT License number:	
Enter 5-digit Control Number assigned by the Secretary of State's Office, if applicable <i>You must have a control number to submit this application, except for sole proprietorship or general partnership.</i>			

<b>D TYPE OF BUSINESS OWNERSHIP.</b>			
<b>Check appropriate box (mark only one).</b>			
<input type="checkbox"/> Sole-Owner	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Association	
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	_____
<b>CORPORATION:</b> provide all corporate officers. <b>PARTNERSHIP:</b> provide all partners. <b>SOLE PROPRIETORSHIP:</b> provide owner. <b>ALL OTHERS:</b> provide all general partners, members, or managers. (Attach additional pages if necessary.)			
Full Legal Name	Title	Social Security Number	
Home Address	City	State	Zip Code
Full Legal Name	Title	Social Security Number	
Home Address	City	State	Zip Code
If your business organization is a partnership, sole proprietorship, or your business is based in another state you <b>must</b> provide an agent for service of process. If you are applying for an Exporter's License, you <b>must</b> provide a <b>West Virginia Registered Agent:</b>			
Name	Address	City	
State	Zip Code	Telephone Number (    )	E-mail address
		Fax Number (    )	



**E PRODUCT INFORMATION****Check the type(s) of product you will be handling.**

- |                                                    |                                                |                                                   |                                                       |
|----------------------------------------------------|------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> 150 – #1 Fuel Oil         | <input type="checkbox"/> 124 – Gasohol         | <input type="checkbox"/> 284 – Biodiesel – Undyed | <input type="checkbox"/> 225 – Liquefied Natural Gas  |
| <input type="checkbox"/> 125 – Aviation Gasoline   | <input type="checkbox"/> 065 – Gasoline        | <input type="checkbox"/> 072 – Kerosene – Dyed    | <input type="checkbox"/> 224 – Compressed Natural Gas |
| <input type="checkbox"/> 130 – Aviation Jet Fuel   | <input type="checkbox"/> 228 – Diesel – Dyed   | <input type="checkbox"/> 142 – Kerosene – Undyed  | <input type="checkbox"/> Other – Product Code _____   |
| <input type="checkbox"/> 122 – Blending Components | <input type="checkbox"/> 160 – Diesel – Undyed | <input type="checkbox"/> 054 – Propane            | Product Type _____                                    |

**F PURCHASE/RECEIPT INFORMATION (Attach additional pages if necessary.)**

Provide the following information on all suppliers from whom you will purchase motor fuel/alternative fuel and on all exchange partners from whom you will receive motor fuel/alternative fuel from inside the terminal transfer system.

**Supplier**

Name	Point of Origin		Point of Destination		Product Code
	City	State	City	State	

**Supplier**

Name	Point of Origin		Point of Destination		Product Code
	City	State	City	State	

**G TERMINAL OPERATOR INFORMATION**

If you own, operate, or otherwise control a terminal, you **must** complete this section.

Will you maintain motor fuel storage and distribution facilities to which a terminal control number has been assigned by the IRS?

- Yes ◀ If yes, you must complete Section O – Storage Facility Information  
 No

**H PRODUCER/MANUFACTURER OR REFINERY INFORMATION (Attach additional pages if necessary.)**

If you own, operate, or otherwise control facilities with producer/manufacturing or petroleum – refining capabilities in West Virginia, you **must** complete this section.

1. Location Street Address	City	State <b>WV</b>	Zip Code
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2. Provide the product code and estimated number of gallons for each product you plan to produce/manufacture monthly.

Product Code	Gallons	Product Code	Gallons	Product Code	Gallons

**I SUPPLIER INFORMATION ▶▶ IMPORTANT: All suppliers must complete Section O – Storage Facility Information**

If you are applying for a supplier's license or permissive supplier's license, you **must** complete this section.

1. Will you be a position holder in a terminal?  Yes  
 No
2. Will you receive motor fuel through a two-party exchange agreement(s)?  Yes ◀ If yes, you **must** complete Section F – Motor Fuel Purchase/Receipt Information.  
 No

**J BLENDER INFORMATION (Attach additional pages if necessary.)**

If you will blend petroleum products in West Virginia, you **must** complete this section.

What is the estimated number of gallons of **taxable** motor fuel you will blend in a fiscal year?

1. Location Street Address	City	State <b>WV</b>	Zip Code	Tank Capacity (gallons)
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2. Provide a complete description of your blending operation.

\_\_\_\_\_

\_\_\_\_\_

**K DISTRIBUTOR INFORMATION**If you are applying for a distributor's license, you **must** complete this section

- Will you import motor fuel/alternative fuel into West Virginia from a permissive supplier?
  - Yes ◀ If yes, you **must** complete Section M – Importer Information.
  - No
- Will you export motor fuel/alternative fuel from West Virginia?
  - Yes ◀ If yes, you **must** complete Section L – Exporter Information
  - No
- Will you purchase motor fuel/alternative fuel for resell from a supplier or another distributor?
  - Yes
  - No

**L EXPORTER INFORMATION (Attach additional pages if necessary.)**If you plan to export motor fuel/alternative fuel from West Virginia, you **must** complete this section.

- What mode of transportation will you use to export from West Virginia? (Check all applicable boxes.)
  - Transport Vehicle     Railroad Tank Car     Other \_\_\_\_\_
- Will you purchase motor fuel/alternative fuel from a licensed supplier and/or distributor?
  - Yes
  - No
- Will you export motor fuel/alternative fuel from a bulk plant?
  - Yes
  - No
- List the state(s) to which you plan to export motor fuel and the License or Registration Number for each of those state(s).

State	License/Registration Number	State	License/Registration Number	State	License/Registration Number
1.		3.		5.	
2.		4.		6.	

**M IMPORTER INFORMATION (Attach additional pages if necessary.)**If you plan to import motor fuel/alternative fuel into West Virginia, you **must** complete this section.

- Will you import motor fuel/alternative fuel that you receive from a permissive supplier?
  - Yes
  - No ◀ If No, you will be licensed as an importer, required to obtain a bond in the amount of (minimum of \$100,000 and a maximum of \$2,000,000), and report monthly.
- What mode of transportation will you use to import into West Virginia? (Check all applicable boxes.)
  - Transport Vehicle     Railroad Tank Car     Other \_\_\_\_\_
- Do you plan to import motor fuel/alternative fuel from a bulk plant located in another state?
  - Yes ◀ If Yes, you will be licensed as an importer, required to obtain a bond in the amount of (minimum of \$100,000 and a maximum of \$2,000,000), and report monthly.
  - No
- List the state(s) from which you plan to import motor fuel and the License or Registration Number for each of those state(s).

State	License/Registration Number	State	License/Registration Number	State	License/Registration Number
1.		3.		5.	
2.		4.		6.	

**N MOTOR FUEL TRANSPORTER INFORMATION**If you plan to transport motor fuel/alternative fuel, you **must** complete this section.

- Will you transport motor fuel/alternative fuel? (Check all boxes that apply)
  - For import into West Virginia?     For export from West Virginia     From point to point within West Virginia?
- What mode of transportation will you use?
  - Marine Vessel                       Transporter Vehicle                       Railroad Tank Car

**O STORAGE FACILITY INFORMATION (Attach additional pages if necessary.)**

Complete the following motor fuel/alternative fuel storage facilities you own and/or lease. (Include facilities that are currently not in use.)

**OWN**

Terminal Control Number (If fuel is stored at a terminal)	Physical Location (Street Address, City, State)	How will motor fuel be received? (Explain)	Product Code	Storage Capacity (gallons)

**LEASE**

Terminal Control Number (If fuel is stored at a terminal)	Physical Location (Street Address, City, State)	How will motor fuel be received? (Explain)	Product Code	Storage Capacity (gallons)

**P SERVICE STATION/RETAIL OUTLET INFORMATION (Attach additional pages if necessary.)**

If you plan to own or lease an alternative fuel and/or motor fuel commercial refueling facility in West Virginia, you **must** complete this section.

**OWN**

WV ID Number	Physical Location (Street Address)	City	Product Code	Storage Capacity (gallons)

**LEASE**

WV ID Number	Physical Location (Street Address)	City	Product Code	Storage Capacity (gallons)

**Q BONDING REQUIREMENTS (Check One)**

- 1.  Surety bond
- 2.  Proof of financial responsibility
- 3.  18 months good filing status in lieu of 1 or 2
- 4.  No bond is required. Check only if you are a provider or retailer of alternative fuel, an alternative bulk end user, a transporter, a producer or a manufacturer of motor fuels.

**R TAX PRE-COLLECTION AGREEMENT**

Permissive Suppliers **must** complete this section.

I agree to collect the taxes due to the State of West Virginia on Motor Fuel that has West Virginia as its destination state and that was removed from a terminal located in another state

Authorized Representative's Name (Please print or type)		Title	
Authorized Representative's Signature			Date
Telephone Number ( )	Fax Number ( )	E-mail Address	

**S CERTIFICATION ►►► ALL APPLICANT'S MUST COMPLETE THIS SECTION.**

I CERTIFY THAT I HAVE READ THIS APPLICATION AND KNOW AND UNDERSTAND ITS CONTENTS AND THAT ALL THE INFORMATION HEREIN IS TRUE AND ACCURATE. I UNDERSTAND IT IS UNLAWFUL TO KNOWINGLY MAKE A FALSE STATEMENT ON THE APPLICATION AND THAT ANY VIOLATION MAY BE PROSECUTED.

Authorized Representative's Name (Please print or type)		Title	
Authorized Representative's Signature			Date
Telephone Number ( )	Fax Number ( )	E-mail Address	