

FOR DEPARTMENT USE ONLY

LICENSE NUMBER: _____

STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
MOTOR FUEL TAX ADMINISTRATION
P. O. DRAWER E
DOVER, DE 19903-1565

FOR DEPARTMENT USE ONLY

YEAR ENDING: JUNE 30, 20__

COMMON CARRIER REGISTRATION FORM

Please check the appropriate box: New registration Renewal registration

PLEASE NOTE: ALL QUESTIONS MUST BE ANSWERED AND NECESSARY ADDITIONAL DOCUMENTATION ATTACHED TO PROCESS THIS REGISTRATION FORM. PLEASE PRINT ALL ANSWERS CLEARLY.

1. Legal name of registrant:

2. Trade name, if different from legal name:

3. Primary physical business location address (Not P.O. Box):

Street: _____ City: _____ State: _____ Zip Code: _____

4. Mailing address (if different from business location):

Street or P. O. Box: _____ City: _____ State: _____ Zip Code: _____

5. Location of records (if different from business location):

Street: _____ City: _____ State: _____ Zip Code: _____

6. Federal employer identification number or individual proprietor's SSN:

7. Telephone number: -- Fax number: --

8. If we have questions regarding the reporting, who should we contact?

Name: _____ Telephone number: --

9. Business type: (check one) Individual Corporation General Partnership Limited Partnership
 Limited Liability Company S Corporation

10. Do you transport gasoline into Delaware from another state? Yes No

11. Do you transport gasoline from Delaware into another state? Yes No

12. Please specify how your company transports gasoline to points within and/or out of the state:

Highway Motor Vehicle Barge Other: _____
Railroad Pipeline

13. Total number of company-owned highway motor vehicles transporting gasoline: _____

COMMON CARRIER REGISTRATION FORM (CONTINUED)

14. Complete the following if your vehicles are involved in a lease agreement:
Name and Address of Lessor:

Telephone #

15. If individual, give proprietor name, address, & SSN. If partnership, give name, address, & SSN of each partner. If corporation, give names, titles, addresses, & SSN's of corporate officers (President, Vice President, Secretary, Treasurer)

Name/Title

Address

Social Security #

□	□	□	-	□	□	-	□	□	□	□
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16. Have all persons responsible for reportable fuel activity read the Motor Fuel Special Fuel Tax Law as it pertains to Common Carrier requirements (30 Del.C. c. 51 §5121), and do these persons understand its provisions? Yes No

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I (we), certify under penalty provided by law, that the statements made and the information furnished in this registration form are true, correct, and complete to the best of my (our) knowledge and belief.

Authorized Name (Please Print)

Authorized Signature

Authorized Individual Title

Date of Application