ANY CHANGES TO THE INFORMATION PROVIDED BELOW, OR ANY ADDITIONAL TANKS, MUST BE REPORTED TO THIS OFFICE. WHEN CHANGES OCCUR, PLEASE PROVIDE A LETTER, ON OFFICIAL LETTERHEAD, INDICATING SUCH, ALONG WITH THIS FORM.

EXEMPTION NUMBER:



STATE OF DELAWARE DEPARTMENT OF TRANSPORTATION MOTOR FUEL TAX ADMINISTRATION P.O. DRAWER E

DOVER, DELAWARE 19903-1565 (302) 744-2715 OFFICE USE ONLY

DATE APPROVED:

EXEMPT ENTITY MOTOR FUEL BULK TANK INFORMATION FORM

Exempt Entity Name:				
Please provide all requested info	rmation. Failure to do so w	ill cause delays in pr	ocessing the Exemption	on Application. Please complete
as many forms as necessary to inc	clude all bulk tanks owned/	controlled by the ab	ove referenced entity.	
Physical Address of Bulk Tank:				
m 1 G :	(Street Address)	11	(City)	(Zip Code)
Tank Capacity:		gallons		
Name of Gasoline Distributor:				
Distributor's Business Address:				
Delement Lieuwe Namber of Die	(Street Address)		(City)	(Zip Code)
Delaware License Number of Dist				
Physical Address of Bulk Tank:	(0, , , 11,)		(6'')	(T', C, 1)
Tank Capacity:	(Street Address)	gallons	(City)	(Zip Code)
		gallons		
Name of Gasoline Distributor:				
Distributor's Business Address:	(Cturet Address)		(C:4-)	(7:- C-1-)
Delaware License Number of Dist	(Street Address)		(City)	(Zip Code)
Delaware Electise Transcer of Election				
Physical Address of Bulk Tank:	(Street Address)		(City)	(Zip Code)
Tank Capacity:	(Sirect Address)	gallons	(City)	(Zip Code)
		<u> </u>		
Name of Gasoline Distributor:				
Distributor's Business Address:	(Street Address)		(City)	(Zip Code)
Delaware License Number of Dist	· · · · · · · · · · · · · · · · · · ·			(E.P. Cour)
Physical Address of Bulk Tank:				
	(Street Address)		(City)	(Zip Code)
Tank Capacity:		gallons		
Name of Gasoline Distributor:				
Distributor's Business Address:				
	(Street Address)		(City)	(Zip Code)
Delaware License Number of Dist	tributor:			