

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.



STATE OF DELAWARE  
DEPARTMENT OF TRANSPORTATION  
MOTOR FUEL TAX ADMINISTRATION  
P.O. DRAWER E  
DOVER, DELAWARE 19903-1565  
(302) 744-2715

OFFICE USE ONLY

EXEMPTION NUMBER:

DATE APPROVED:

**EXEMPT ENTITY SPECIAL FUEL BULK TANK INFORMATION FORM**

Exempt Entity Name: \_\_\_\_\_

Please provide all requested information. Failure to do so will cause delays in processing the Exemption Application. Please complete as many forms as necessary to include all bulk tanks owned/controlled by the above referenced entity.

Physical Address of Bulk Tank: \_\_\_\_\_  
 (Street Address) (City) (Zip Code)

Tank Capacity: \_\_\_\_\_ gallons

Name of Special Fuel Supplier: \_\_\_\_\_

Supplier's Business Address: \_\_\_\_\_  
 (Street Address) (City) (Zip Code)

Delaware License Number of Supplier: \_\_\_\_\_

Physical Address of Bulk Tank: \_\_\_\_\_  
 (Street Address) (City) (Zip Code)

Tank Capacity: \_\_\_\_\_ gallons

Name of Special Fuel Supplier: \_\_\_\_\_

Supplier's Business Address: \_\_\_\_\_  
 (Street Address) (City) (Zip Code)

Delaware License Number of Supplier: \_\_\_\_\_

Physical Address of Bulk Tank: \_\_\_\_\_  
 (Street Address) (City) (Zip Code)

Tank Capacity: \_\_\_\_\_ gallons

Name of Special Fuel Supplier: \_\_\_\_\_

Supplier's Business Address: \_\_\_\_\_  
 (Street Address) (City) (Zip Code)

Delaware License Number of Supplier: \_\_\_\_\_

Physical Address of Bulk Tank: \_\_\_\_\_  
 (Street Address) (City) (Zip Code)

Tank Capacity: \_\_\_\_\_ gallons

Name of Special Fuel Supplier: \_\_\_\_\_

Supplier's Business Address: \_\_\_\_\_  
 (Street Address) (City) (Zip Code)

Delaware License Number of Supplier: \_\_\_\_\_