



MOTOR CARRIER DIVISION
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FUEL EXPORTER REPORT
Due the Last Day of the Month Following the Activity

Account No. Report Period FEIN

PLEASE PRINT OR TYPE

Name and Location Address:

Name and Mailing Address:

THIS FORM MUST BE FILED BY THE LAST DAY OF THE MONTH FOR DELIVERIES MADE DURING THE PRECEDING MONTH

Table with 2 columns and 11 rows listing fuel types: 1. Total Gallons of Propane, 2. Total Gallons of Gasoline, 3. Total Gallons of Gasohol, 4. Total Gallons of Kerosene, 5. Total Gallons of Low Sulfur #1 Diesel, 6. Total Gallons of Low Sulfur #2 Diesel, 7. Total Gallons of Compressed Natural Gas, 8. Total Gallons of High Sulfur Diesel Dyed, 9. Total Gallons of Low Sulfur Diesel Dyed, 10. Total Gallons of Other product, Total Gallons Exported (add lines 1 to 10)

Under penalties of perjury, I declare that, as Preparer, I have examined this report and to the best of my knowledge and belief, it is correct and complete.

Preparer's Signature Telephone Number Date

Printed Name of Signer Title of Signer and E-mail Address