

For Office Use Only

Date Received	Date Approved	Date Issued	Initials	Account Number
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**APPLICATION FOR MOTOR AND SPECIAL FUEL LICENSING**

Indicate the types of accounts applying for:

{ } Supplier/Distributor/Jet/Aviation { } Special Fuel Dealer { } Exporter { } Transporter

**Part 1, IDENTIFYING INFORMATION**

1. Ownership type: \_\_\_\_\_
2. Applicant's name, if a corporation or partnership, must match the name as shown on your Corporate Documents or Partnership Agreement:  
\_\_\_\_\_
3. DBA or Trade Name, if different: \_\_\_\_\_
4. Business Physical Location:  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City, State, Zip) (Area Code, Telephone Number, Fax Number, E-mail)
5. Federal Employer Identification Number or Social Security Number:  
\_\_\_\_\_
6. Federal (637) Tax-Free Number (if applicable):  
\_\_\_\_\_
7. Mailing Address for correspondence (if different from #4 above):  
\_\_\_\_\_  
(Street Address) (City, State, Zip)
8. Other Mailing Address, specify purpose: \_\_\_\_\_  
\_\_\_\_\_  
(Street Address) (City, State, Zip)
9. Location of Records (if different from #4 above): \_\_\_\_\_  
\_\_\_\_\_  
(Street Address) (City, State, Zip)
10. Licensing Contact: \_\_\_\_\_  
(Name, Telephone Number, Fax Number, E-mail)
11. Tax Return Contact: \_\_\_\_\_  
(Name, Telephone Number, Fax Number, E-mail)
12. EFT Contact:  
\_\_\_\_\_  
(Name, Telephone Number, Fax Number, E-mail)
13. EDI Contact:  
\_\_\_\_\_  
(Name, Telephone Number, Fax Number, E-mail)

14. **Corporations:** Complete the Personal History Questionnaire for each corporate officer and director.  
**Shareholders:** Complete the Personal History Questionnaire for each shareholder with a controlling interest in the corporation. (Controlling shareholder means all shareholders if there are 15 or less, if more than 15 shareholders, shareholders with five percent or more ownership interest.)  
**Partnerships:** Complete the Personal History Questionnaire for each general or limited partner.  
**Sole Proprietorship:** Complete the Personal History Questionnaire for the owner and spouse.

### Personal History Questionnaire

Business Principal /Officer     Resident Agent/Manager     Owner

A. Name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Any additional names you have been known by (*maiden name, stage name, nickname, etc.*):

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_  Female  Male

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Scars, marks and/or tattoos \_\_\_\_\_

B. List names, complete address and phone numbers of two personal references. (**DO NOT use work addresses and phone numbers**)

Name	Address	Phone Number

**Copy and attach additional pages as necessary.**

**A copy of the listed persons' current driver's license must be attached.**

15. If incorporated, State of Incorporation, Date and Corporation/LLC Number: \_\_\_\_\_

16. If a Nevada Corp., list your Nevada Business License Number: \_\_\_\_\_

17. Has any person or business listed on this application been convicted of any felony or misdemeanor involving fuel?  
 Yes \_\_\_\_ No \_\_\_\_ If yes, explain : \_\_\_\_\_

\_\_\_\_\_

18. Has any person or business listed on this application had any type of license involving motor vehicle fuel or special fuels suspended, revoked or canceled? Yes \_\_\_ No \_\_\_ If yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
19. List any other business licenses or permits held in other jurisdictions by any person or business listed on this application:  
 \_\_\_\_\_  
 \_\_\_\_\_
20. List any other business licenses or permits held in Nevada by any person or business listed on this application:  
 \_\_\_\_\_
21. Does the business operate only in Nevada? Yes \_\_\_ No \_\_\_
22. Date business began operations in Nevada: \_\_\_\_\_
23. Has the business listed on this application now or in the past conducted any other businesses using a DBA? Yes \_\_\_ No \_\_\_ If yes, list business name: \_\_\_\_\_  
 \_\_\_\_\_
24. Does the business listed on this application own any property in Nevada? Yes \_\_\_ No \_\_\_ If yes, describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
25. Does any person or business listed on this application own or control any petroleum business operating in Nevada or any other jurisdiction? Yes \_\_\_ No \_\_\_ If yes, describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
26. Does any person or business listed on this application own or control any petroleum transport equipment operating in Nevada or any other jurisdiction? Yes \_\_\_ No \_\_\_ If yes, describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
27. List any current or previous officer, director, member, controlling shareholder, partner or sole proprietor of any entity who holds or has held within the last seven years a motor fuel/special fuel license in any jurisdiction. Also include the jurisdiction, account number and relationship to account holder.  
 \_\_\_\_\_  
 \_\_\_\_\_
28. Name of business's financial institution: \_\_\_\_\_  
 \_\_\_\_\_  
 (Account Number) (Address, City, State, Zip) (Telephone Number, Fax Number)
- Will payments be made by EFT or ACH? \_\_\_\_\_
29. Nevada Resident Agent, required for all non-Nevada based companies: \_\_\_\_\_  
 \_\_\_\_\_  
 (Address, City State Zip, Telephone Number, Fax Number)
30. If business was acquired, enter name of company and account number (if known):  
 \_\_\_\_\_

- A. How many storage tanks were purchased? \_\_\_\_\_  
List type of fuel and number of gallons in the storage tanks at the time of purchase. Attach additional pages if needed. \_\_\_\_\_
- B. Are the tanks metered? Yes\_\_\_ No\_\_\_\_\_
- C. Are bulk tank inventories and logs maintained and reconciled monthly? Yes\_\_\_ No\_\_\_\_\_

31. Do you own a terminal in Nevada or another jurisdiction from which products are delivered to Nevada?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the location and Federal Terminal Control Number for each terminal:

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A. List all position holders/suppliers owning product in your terminal(s):

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**Part 2, SUPPLIER/DISTRIBUTOR/SPECIAL FUEL DEALER**

32. Do you plan to import product into Nevada? Yes \_\_\_\_\_ No \_\_\_\_\_ Indicate the type of product(s):

- Diesel High or Low     Kerosene High or Low     Gasoline     Methanol     Propane (LPG)
- Ethanol     Liquid Natural Gas (LNG)     Transmix/Other Waste Products     Biodiesel
- Alcohol     Compressed Natural Gas (CNG)     Other

33. Indicate the means of transport for the imported product(s):

- Pipeline     Railroad Tank Car     Transport Truck     Tankwagon Truck     Other \_\_\_\_\_

34. List the jurisdictions from which you import product and your license number in that jurisdiction:

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35. Are you a shipper of record on one of the commercial pipelines in Nevada? Yes \_\_\_\_\_ No \_\_\_\_\_

36. Do you plan to export product out of Nevada? Yes \_\_\_\_\_ No \_\_\_\_\_

37. List the jurisdictions to which you plan to export fuel to and your license number(s) in those jurisdiction(s):

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38. Indicate the other types of operations you will be engaged in:  Exchanges     Sales on Consignment

- Operate Service Stations     Direct Shipments     Sell Products     Trade Product

Other (Describe) \_\_\_\_\_

39. Provide the name, shipping/delivery point and product for each supplier, and exchange partner or customer you conduct business with. Indicate if they are a supplier or exchange partner and provide a copy of the exchange agreement, if applicable.

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40. Do you maintain or plan to maintain bulk storage facilities in Nevada? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, enter date facility was or will be operational:

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A. How many storage tanks do you have, including acquired tanks? Physical location of your bulk storage/s:

- B. Fuel type and maximum storage capacity gallons for each tank:  
 Above Ground \_\_\_\_\_ Below Ground \_\_\_\_\_
- C. Are the tanks metered (all tanks must be metered and inventoried)? Yes \_\_\_ No \_\_\_
- D. Are tank logs and inventories maintained and reconciled monthly? Yes \_\_\_ No \_\_\_

41. Do you lease storage facilities in a terminal in Nevada? Yes \_\_\_ No \_\_\_ If yes, list from whom and where you lease the storage:

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42. Estimate the number of TAXABLE gallons that will be sold or used in Nevada during an average month:  
 Gasoline/Gasohol \_\_\_\_\_ Diesel High or Low Sulfur \_\_\_\_\_ Biodiesel High or Low \_\_\_\_\_  
 Kerosene High or Low \_\_\_\_\_ Compressed Natural Gas (CNG) \_\_\_\_\_ Propane (LPG) \_\_\_\_\_  
 Liquid Natural Gas (LNG) \_\_\_\_\_

43. Estimate the number of NON-TAXABLE gallons that will be sold or used in Nevada during an average month:  
 Gasoline/Gasohol \_\_\_\_\_ Diesel High or Low \_\_\_\_\_ Biodiesel High/Low Sulfur \_\_\_\_\_  
 Kerosene High or Low \_\_\_\_\_ Compressed Natural Gas (CNG) \_\_\_\_\_ Propane (LPG) \_\_\_\_\_  
 Liquid Natural Gas (LNG) \_\_\_\_\_ Ethanol \_\_\_\_\_ Methanol \_\_\_\_\_

44. Do you plan to blend taxed fuel(s) with an untaxed blending component? Yes \_\_\_ No \_\_\_ If yes, please provide your Blender's License Number \_\_\_\_\_

45. Do you plan to purchase blending stock(s)? Yes \_\_\_ No \_\_\_

46. Do you plan to purchase Transmix or other waste products? Yes \_\_\_ No \_\_\_

47. Indicate the physical location(s) where the blending will be done:

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48. Describe your blending operation: \_\_\_\_\_

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**Part 3, AVIATION/JET FUEL DEALER**

49. Do you plan to import product into Nevada? Yes \_\_\_ No \_\_\_ Indicate the type of product(s):  
 Jet Fuel  Aviation Fuel

50. Indicate the means of transport for the imported product(s):  
 Pipeline  Railroad Tank Car  Transport Truck  Other \_\_\_\_\_

51. List the jurisdictions from which you import product and your license number in that jurisdiction:

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52. Are you a shipper of record on one of the commercial pipelines in Nevada? Yes \_\_\_ No \_\_\_

53. Indicate the other types of operations you will be engaged in:  Exchanges  Sales on Consignment  
 Operate Service Stations  Direct Shipments  Sell Products  Trade Product  
 Other (Describe) \_\_\_\_\_

54. Provide the name, shipping/delivery point and product for each supplier and exchange partner you conduct business with. Indicate if they are a supplier or exchange partner and provide a copy of the exchange agreement,

if applicable.

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55. Do you maintain or plan to maintain bulk storage facilities in Nevada? Yes \_\_\_\_ No \_\_\_\_ If yes, enter date facility was or will be operational:

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A. How many bulk storage tanks and physical location?

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B. Fuel type and maximum storage capacity gallons for each tank:

Above Ground \_\_\_\_\_ Below Ground \_\_\_\_\_

C. Are tanks metered? Yes \_\_\_\_ No \_\_\_\_

D. Are logs and inventories maintained? Yes \_\_\_\_ No \_\_\_\_

56. Do you lease storage facilities in a terminal in Nevada? Yes \_\_\_\_ No \_\_\_\_ If yes, list each storage tank and physical location, fuel type, maximum storage capacity and from whom you lease the storage:

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57. Estimate the number of TAXABLE gallons that will be sold or used in Nevada during an average month:

Jet Fuel \_\_\_\_\_ Aviation Fuel \_\_\_\_\_

58. Estimate the number of NON-TAXABLE gallons that will be sold in Nevada during an average month:

Jet Fuel \_\_\_\_\_ Aviation Fuel \_\_\_\_\_

#### Part 4, EXPORTER

59. Indicate the type of product(s) you plan to export from Nevada:

Diesel High / Low    Kerosene High or Low    Gasoline    Jet Fuel    Methanol  
 Biodiesel High / Low    Propane (LPG)    Aviation Fuel    Ethanol    Alcohol  
 Transmix/Other Waste Products    Liquid Natural Gas (LNG)    Compressed Natural Gas (CNG)

60. Indicate the means of transport for the exported product(s):

Pipeline    Railroad Tank Car    Transport Truck    Tankwagon Truck    Other \_\_\_\_\_

61. Pursuant to NAC 365 and 366, you must list the states or jurisdictions to which you intend to export and provide proof of licensure in those jurisdictions prior to Nevada issuing an Export License. \_\_\_\_\_

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#### Part 5, TRANSPORTER

62. Are you hired to transport petroleum products in Nevada? Yes \_\_\_\_ No \_\_\_\_

63. If waste products are transported, from whom do you pick up and transport to?

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64. Number of licensed vehicles operating in Nevada:

26,001 lbs or greater: \_\_\_\_\_ 26,000 lbs or less: \_\_\_\_\_

65. International Registration Plan (IRP) base jurisdiction and account number for your motor carrier operations:

66. International Fuel Tax Agreement (IFTA) base jurisdiction and account number for your motor carrier operations: \_\_\_\_\_
67. US DOT number for your motor carrier operations: \_\_\_\_\_
68. If the vehicles are leased, indicate the lessor, address, city, state, zip and phone number: \_\_\_\_\_

**Part 6, BOND CALCULATION**

68. Using the estimated number of taxable gallons indicated in question #42 & #57, calculate the amount of bond required to be filed with this application. If using cash, savings certificate, certificate of deposit or investment certificate, the amount required must be rounded up to the nearest \$100.00. Currently Clark and Washoe counties index their fuel sales. If selling fuel in one or both counties, please contact the Department at (775) 684-4711, Option 2, Option 2 again. One of the Tax Examiners will be glad to assist in the calculation of the necessary bond for taxable sales in these counties.

All CNG, LPG, and LNG dispensed into the tank of a motor vehicle is taxed per gallon based on the following units of measurement: CNG = 5.66 pounds or 126.67 c.f. per gallon; LPG = 4.2 pounds or 36.3 c.f. per gallon; LNG = 6.06 pounds per gallon

Type of Fuel	# of Gallons	Times 3 months	Times Tax Rate	Total
Gasoline/Gasohol			0.33	
LNG			0.27	
Diesel high or low			0.27	
Biodiesel high or low			0.27	
Kerosene high or low			0.27	
Propane (LPG)			0.0640	
CNG			0.21	
Jet Fuel			0.04	
Aviation Fuel			0.10	
<b>Totals</b>				

69. Petroleum Products Inspection Fee

Product Refined/Imported	Estimated Gallons	Times 3 Months
Gasoline		
Gasohol		
Aviation Fuel		
Lubricating Oil		
Ethanol		
Methanol		
Blending Products		
Total		

X 00055 = \_\_\_\_\_

Petroleum Products Discharge Cleanup Fee

Product Refined/Imported	Estimated Gallons	Times 3 Months
Gasoline		
Gasohol		
Aviation Fuel		
Diesel		
Ethanol		
Methanol		
Blending Products		
Biodiesel		
Kerosene		
Total		

X .0075 = \_\_\_\_\_

Inspection Fee and Cleanup Fee Total \_\_\_\_\_

Bond amount required for license  
(Total of #69 & #70) \_\_\_\_\_



**Part 7, AFFIDAVIT OF APPLICANT(S) AND AUTHORIZATION FOR RELEASE OF INFORMATION**

The undersigned hereby swears or affirms under penalty of perjury that I am duly authorized to make the foregoing Application, and hereby swear or affirm that the Application and all attachments are true and correct representations of the premises to be licensed and agree that the place of business, if licensed, may be inspected during business hours, or at any time business is being conducted on the premises, by officials and agents of the Nevada Department of Motor Vehicles, for purposes of determining compliance with NRS 360A, 365, 366, 373, 445C, and 590.

I hereby authorize the Department of Motor Vehicles to make any background investigation, including criminal background investigations, necessary as it pertains to the issuance of a Supplier/Dealer/Exporter/Transporter license. I understand that the providing of false information or the omission of the requested information in this application is grounds to deny, suspend, or revoke my Supplier/Dealer/Exporter/Transporter license.

I hereby authorize any person or entity contacted by the Department of Motor Vehicles, its agents or employees, during the course of my background investigation, to furnish to such agents or employees, any information or opinions they may have.

I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, the Department of Motor Vehicles, or any of its agents or employees, and any and all persons or entities who shall furnish any information or opinions to the agents or employees of the Department of Motor Vehicles who conduct my background investigation.

This waiver and its authority is valid until such time the applicant is no longer licensed by the State of Nevada, Department of Motor Vehicles. **Signatures must be original. Photocopies are not acceptable.**

\_\_\_\_\_  
Authorized Signature (must be Corporate Officer,  
Partner or Owner)

\_\_\_\_\_  
Spouse's Signature, if applicable

\_\_\_\_\_  
Print or Type Authorized Name

\_\_\_\_\_  
Print or Type Spouse's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Preparer's Signature if different from above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Preparer's Name

\_\_\_\_\_  
Title

State of Nevada, County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public **or** Authorized Nevada DMV Representative

\_\_\_\_\_  
Notary Seal

This Application must be typewritten or printed in ink, in its entirety, and be accepted and approved by the Nevada Department of Motor Vehicles. The license must be received prior to engaging in business in the State of Nevada. Please mail this original application, with the appropriate attachments to the address shown above.

**Required Attachments:**

- < **Bond Form for Suppliers & Dealers**
- < **Copy of Articles of Incorporation**
- < **Copy of Charter or Certificate of Authority To Do Business in Nevada (Secretary of State Office)**
- < **Copy of Bylaws**
- < **Financial Statements (most current)**
- < **Additional pages as necessary to provide complete information**