



MOTOR CARRIER DIVISION
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CARSON CITY, NV 89711-0600
(775) 684-4711
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For Office Use Only

Table with 5 columns: Date Received, Date Approved, Date Issued, Initials, Account Number

SPECIAL FUEL DEALER'S APPLICATION

This Application must be typewritten or printed in ink, in its entirety, and be accepted and approved by the Nevada Department of Motor Vehicles. A Special Fuel Dealer's 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.

Indicate fuel types being sold { } CNG { } LPG

1. Applicant's name, if a corporation or partnership must match the name as shown on your Corporate Documents or Partnership Agreement:

2. DBA or Trade Name, if different:

3. Location of Business Office

(Street Address)

(City, State, Zip)

(Area Code, Telephone Number, Fax Number)

4. Federal Employer Identification Number or Social Security Number:

5. All correspondence regarding this account is to be mailed to (if different from #3 above)

(Street Address)

(City, State, Zip)

6a. Address where books and records are maintained (if different from #3 above)

(Street Address)

(City, State, Zip)

b. Person to contact regarding all licensing activities:

(Name, Telephone Number, Fax Number)

c. Person to contact regarding all tax reporting activities:

- 7a. **Corporations:** List full name, title, mailing address and phone number of corporate officers, directors and shareholders 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:** List full name, mailing address, phone numbers and social security numbers of general or limited partners.  
**Individual/Sole Proprietorship:** List spouses name and social security number.

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Attach additional list if necessary.

- d. Has any of the persons listed in question 1 through 7a been convicted of any felony or misdemeanor involving motor vehicle fuel or diesel taxes? Yes \_\_\_ No \_\_\_  
 If yes, explain : \_\_\_\_\_
8. Has the corporation, partnership or person had any type of license involving motor vehicle fuel or special fuels suspended, revoked or canceled for cause within the last ten years? Yes \_\_\_ No \_\_\_  
 If yes, explain: \_\_\_\_\_

9. Federal (637) Tax-Free Number \_\_\_\_\_

10. Does any of the persons listed in 1 through 7a hold an IFTA, Special Fuel Users, Motor Carrier or IRP license issued by the Nevada Department of Motor Vehicles?

Yes \_\_\_\_ No \_\_\_\_

If yes, please list the account name(s) and license number(s):

\_\_\_\_\_

11a. Date of Incorporation, Partnership or business began: \_\_\_\_\_

State of Incorporation, Partnership or business located: \_\_\_\_\_

Nevada Resident Agent, if applicable:

\_\_\_\_\_

(Name, Address, City State Zip, Telephone Number, Fax Number)

b. Is the corporation in good standing in the state of incorporation? Yes \_\_\_\_ No \_\_\_\_

12a. How many years has your corporation, partnership or company been in business? \_\_\_\_\_

b. How many years in the State of Nevada? \_\_\_\_\_

13a. If your business currently uses a dba or tradename, please list: \_\_\_\_\_

b. If your business used a dba or tradename in the past, please list \_\_\_\_\_

\_\_\_\_\_

Yes NO

14. \_\_\_\_ Do you plan to take physical possession of fuel in Nevada?

15. \_\_\_\_ Do you plan to take title to the special fuels?

16. \_\_\_\_ Do you expect to maintain bulk storage facilities in Nevada? If yes list all physical locations.

\_\_\_\_\_

17. \_\_\_\_ Do you plan to sell LPG or CNG on consignment?

18. \_\_\_\_ Do you own or control other businesses in the petroleum industry? If yes, explain:  
Attach additional list if necessary. \_\_\_\_\_

\_\_\_\_\_

19. \_\_\_\_ Do you or any officer, director or controlling shareholder own or control any petroleum transport equipment for use in Nevada? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

20. List any person listed in question 1 through 7a that is or has been an officer, director, controlling shareholder, partner or sole proprietor of any entity which currently has or has had, within the last seven years, a Nevada Special Fuel Dealer's License: \_\_\_\_\_

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21. Is this company licensed as an importer, exporter, wholesaler, distributor, or supplier in any other state or jurisdiction?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, list license name, number and state:\_\_\_\_\_

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22. In the last ten years has this company been involved in any petroleum products business that has filed for bankruptcy.  
If so, explain:\_\_\_\_\_

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23. Does this company currently owe any delinquent amounts to any Federal, State or Local Government? If yes, explain:

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**BOND CALCULATION**

24. What is the expected number of gallons of special fuel products that will be sold in NV during a one year period?  
CNG \_\_\_\_\_ LPG \_\_\_\_\_

Total: \_\_\_\_\_

You will be notified by the Department of the amount of bond necessary to receive your license.

25. List the company names and addresses you anticipate purchasing CNG or LPG from: \_\_\_\_\_

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26. If this is a newly acquired business, from whom did you acquire the business? \_\_\_\_\_  
If known, what was the account number? \_\_\_\_\_  
How many gallons of fuel were in storage tanks at the time of purchase? CNG \_\_\_\_\_ LPG \_\_\_\_\_

27. Attach a copy of your Articles of Incorporation and a copy of the Current List of Officers and Directors filed with the Nevada Secretary of State's Office, if applicable.

**AFFIDAVIT OF APPLICANT(S)**

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 the NRS 366.

\_\_\_\_\_  
Authorized Signature

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

\_\_\_\_\_  
Print or Type Applicant Name  
(Corporate Officer, Partner, Individual)

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

\_\_\_\_\_  
Title

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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**FOR OFFICE USE ONLY**

Bond Amount Required: \_\_\_\_\_

Date Notified: \_\_\_\_\_

Bond Amount Received: \_\_\_\_\_

Date Bond Received: \_\_\_\_\_

Initials: \_\_\_\_\_