

General Instructions

- Follow the application checklist to ensure that your application packet is complete.
- Complete the checklist and application, and mail both to the address above.
- Subject to the terms and conditions of the license, you will be required to file monthly fuel tax reports using our electronic fuel tax reporting system. (A.R.S. 28-5625)
- Reporting Contact: The designated reporting contact coordinates and controls account user access to Arizona's electronic fuel tax reporting system.
- License will be terminated for ending business in Arizona, or for insolvency, bankruptcy or dissolution or assignment of assets to creditors.

Who Must Be Licensed? – You must submit this application if you meet the requirements under Arizona Motor Fuels Tax law, ARS Title 28, Chapter 16, Articles 1 and 6. To complete this application accurately, it is important to know the definitions and requirements of the restricted distributor license. You **must** be licensed before engaging in business in Arizona.

If you have any questions about this application, please contact Fuel Tax Licensing at adotftlu@azdot.gov or 602-712-8853.

New Restricted Distributor Checklist

The following are the forms and documentation required to apply for a motor fuel restricted distributor license. Missing items will prevent your application from being processed. (All forms are available on the Motor Vehicle Division website at www.azdot.gov)

- This application must be complete and properly signed; must be typed or written legibly in ink.
- This checklist enclosed
- If physical address of business is outside of Arizona, provide name of designated statutory agent in Arizona
- For sole proprietorship and general partner, enclose one:
 - Authorized Presence Documentation, 96-0560
 - Authorized Presence Exemption Request, 96-0566
- Arizona Corporation Commission Certificate of Good Standing enclosed (corporation, LLC or LLLC only)
- IRS 147C letter, W-9 or other tax document from IRS to verify your EIN
- Business Background (brief business history) enclosed (see page 6)
- Scope of Operations (current and projected) enclosed (see page 6)
- Power of Attorney–Motor Fuel Tax, 96-0611 (required if someone is acting on the applicant's behalf, once licensed)
- All officers/members listed on the Arizona Corporation Commission website must appear in the All Applicants section of the application.
- Licensee or authorized officer that signs the application must be included in the All Applicants section of the application.

Must be signed by licensee or authorized officer of the business. No power of attorney or agent signature will be accepted.

NOTICE

The following portions of A.R.S. § 41-1030 are provided for your reference:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorized the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

**MOTOR FUEL RESTRICTED
DISTRIBUTOR APPLICATION**

General Information

Expected Start of Business Date	
Application Type <input type="checkbox"/> New <input type="checkbox"/> Federal ID Change – Requires submission of a full application packet (see Checklist). <input type="checkbox"/> Name Change <input type="checkbox"/> Other (explain):	
Company Name – Must match legal name on record, e.g., for corporations, name registered with the Arizona Corporation Commission	
Registered Trade Names/DBA – Must match legal name on record with Arizona Secretary of State (attach list, if additional space needed)	
Sole Owner Name (first, middle, last, suffix) – if individually owned	
Federal EIN (required) *	ADOT Account Number

* Federal Employer Identification Numbers (EIN) assigned to your business by the Internal Revenue Service (IRS). You must have an EIN to apply for a restricted distributor license. Attach IRS 147C Letter, W-9 or other tax document from the IRS to verify your EIN.

Company Identification

Business Domicile <input type="checkbox"/> Arizona <input type="checkbox"/> Other (specify jurisdiction):	Statutory Agent Name (if domiciled in other jurisdiction)
Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP Government: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Sole Owner <input type="checkbox"/> Other (specify):	

If an Arizona corporation, LLC or LLLC, attach a current Arizona Certificate of Good Standing and provide the following.

Arizona Filing/Charter Number	Arizona Filing/Charter Date
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Yes No If a corporation, has it been involved in a merger in the last four years? (If yes, attach detailed explanation.)

Business Location Information

Street Address (physical address of company headquarters; no PO box)	City	State	Zip
County	Business Phone Number ()		
Mailing Address (if different from Street Address)	City	State	Zip
Refund Mailing Address (where you wish to receive refunds from ADOT)	City	State	Zip
Address Where Records For This License Will Be Maintained and Stored	City	State	Zip

Licensing Contact

Contact Person Name (for application/licensing)	Title		
Contact E-mail Address (required)	Contact Phone ()	Fax ()	

Reporting Contact

Reporting Contact Name (for fuel tax reporting)	Title		
Contact E-mail Address (required)	Contact Phone ()	Fax ()	

Secondary Reporting Contact (if applicable)

Reporting Contact Name (for fuel tax reporting)		Title	
Contact E-mail Address (required)	Contact Phone ()	Fax ()	

All Applicants: Sole Owner; Partner; Officer (President, Vice President, Secretary, etc.), Director and Member (If more than three applicants, attach additional document with required information as listed.)

Applicant Name (first, middle, last, suffix)		Title	
Home Address	City	State	Zip
Home Phone ()	Position Held <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Member		

Applicant Name (first, middle, last, suffix)		Title	
Home Address	City	State	Zip
Home Phone ()	Position Held <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Member		

Applicant Name (first, middle, last, suffix)		Title	
Home Address	City	State	Zip
Home Phone ()	Position Held <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Member		

Licensing Questions

Carefully read all questions. Answers will be used to determine your license type and eligibility.

- Yes No 1. Have you been issued a federal Certificate of Registry (under 26 USC Section 4101) by the Internal Revenue Service? (If yes, enter below. Attach federal 637 Registration.)

Certificate of Registry Number	Effective Date
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- Yes No 2. Will you hold a position in a terminal or refinery in this state?
- Yes No 3. Will you import more than 16,000 gallons per year of tax due motor fuel into this state?
- Yes No 4. Will you acquire motor fuel from a terminal or refinery, from a position holder based on a two-party exchange?
- Yes No 5. Will you sell dyed diesel to be used for federally exempt school buses or local transit authority buses?
- Yes No 6. Will you produce and sell biodiesel (use fuel)?
- Yes No 7. Do you possess motor fuel with an invoice that does not include Arizona motor fuel taxes?
- Yes No 8. Will you blend ethanol or any other approved blending component with taxable motor fuel in this state?
- Yes No 9. Will you sell biodiesel (use fuel) to others and dispense directly into vehicle fuel tanks?
- Yes No 10. Will you hold a position in a terminal or refinery outside of this state?

- Yes No 11. If you responded yes to question 2 or 3, and yes to question 10, do you wish to make a blanket election?
- Yes No 12. Will you purchase tax paid motor fuel from outside this state for resale in this state?
- Yes No 13. Will you transport for sale tax paid motor vehicle fuel from one county in this state to another county in this state?
- Yes No 14. Will you operate retail locations that dispense diesel (use fuel) directly into vehicle fuel tanks?
- Yes No 15. Will you operate a bulk storage facility that dispenses diesel (use fuel) into the fuel tanks of vehicles for other than your own use?
- Yes No 16. Will you provide mobile delivery and dispensing of diesel (use fuel) into the fuel tanks of vehicles for other than your own use?
- Yes No 17. Do you currently hold a use fuel vendor license (for sale of diesel)?
- Yes No 18. If you responded yes to question 17, are these vendor licenses under the same federal EIN as indicated on this application?
- Yes No 19. If you responded No to questions 17 and 18, do you plan to apply for a use fuel vendor license under the same federal EIN as listed on this application (for sale of diesel)?

Restricted Distributor Questionnaire

This section is critical to the licensing evaluation process. Attach additional documents, if needed, for any question.

- 1. Yes No Do you hold a Navajo Nation supplier license? If Yes, provide license number. Navajo Nation Supplier Lic. #
- 2. Yes No Has the corporation, LLC, LLLC, LLP, partnership, or any officers, members, owners of the business, or Fuel Tax Administrators/Managers been convicted of any felony or misdemeanor involving motor fuel or any tax issues? If yes, explain below.

- 3. Yes No Has the corporation, LLC, LLLC, LLP, partnership, or any officers, members, owners of the business, or Fuel Tax Administrators/Managers had a motor fuel license canceled or refused for issuance or renewal in Arizona or another state or foreign jurisdiction? If yes, explain below.

4. Does the corporation, LLC, LLLC, LLP, partnership, or do any officers, members, owners of the business or Fuel Tax Administrators/Managers, now or in the past:

a. Yes No Hold a supplier, restricted distributor, vendor, IFTA or any other license issued by the State of Arizona? If yes, complete below.

ADOT Account Number	License Type	License Name	Federal EIN
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b. Yes No Hold or held a supplier, restricted distributor, vendor or IFTA license issued by the State of Arizona in another name? If yes, complete below.

ADOT Account Number	License Type	Previous License Name	Federal EIN
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c. Yes No Hold or held a motor fuel license in another state? If yes, complete below.

Account Number	License Type	State	Federal EIN
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Previous Owner Information If you purchased an existing Arizona licensed business or business assets, provide the following information.

Previous Owner Legal Name		Previous Owner Trade Name/DBA			
Purchase Date	ADOT Account Number	Federal EIN	Assets Purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number ()	
Street Address			City	State	Zip

Business Overview

1. Provide the amount of fuel in the storage tanks at time of purchase.

Gasoline Gallons	Diesel Gallons	Aviation Gallons	Dyed Diesel Gallons
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2. Business Background: Attach a brief business history for your company, e.g., company background, years in operation, types of services provided, sales, method of transport, storage facilities, etc.

3. Scope of Operations: Attach a brief description of your current and projected scope of operations, including a business plan overview, estimated sales in dollars and gallons, current related business activities, and areas planned for expansion. If you are new to the state and doing similar business in other states, include a description of similarities and differences. Provide your three to five year outlook on scope of operations.

Branch Offices – List branch offices that are located in this state; attach additional document, if needed.

Note: There is a \$5.00 fee for each branch application.

Branch Name – Primary	Nature of Business			Date Opened
Street Address	City	County	State	Zip

Branch Name	Nature of Business			Date Opened
Street Address	City	County	State	Zip

Branch Name	Nature of Business			Date Opened
Street Address	City	County	State	Zip

Exporter Information

Yes No Will you export motor fuel products from this state? If yes, complete below.

Destination State	Destination State's Motor Fuel License Number	Motor Fuel Products Licensed To Import Into Other States

Bulk Storage

1. Yes No Will you own/lease and/or operate bulk motor fuel storage facilities or railroad off-loading facilities in this state?

If yes, identify the facilities you own/lease and/or operate in this state. Attach additional documents, if needed.

Facility Name						
Facility Street Address			City	State	Zip	County

Enter Facility Capacity (in Gallons)	Open Date	O/L/P	Gasoline Gallons (incl. Ethanol Blend)	Clear Diesel Gallons (incl. Biodiesel Blend)	Dyed Diesel Gallons (incl. Biodiesel Blend)	Aviation Fuel Gallons	Blend Stock Gallons

O = Own; L = Lease; P = Operate

Facility Name						
Facility Street Address			City	State	Zip	County

Enter Facility Capacity (in Gallons)	Open Date	O/L/P	Gasoline Gallons (incl. Ethanol Blend)	Clear Diesel Gallons (incl. Biodiesel Blend)	Dyed Diesel Gallons (incl. Biodiesel Blend)	Aviation Fuel Gallons	Blend Stock Gallons

O = Own; L = Lease; P = Operate

2. Yes No Do you plan to **participate** in a community bulk storage tank facility in this state? If yes, indicate with whom below? Attach additional documents, if needed.

Facility Name				Participant Name		
Facility Street Address			City	State	Zip	County

Enter Facility Capacity (in Gallons)	Start Date	O/L/P	Gasoline Gallons (incl. Ethanol Blend)	Clear Diesel Gallons (incl. Biodiesel Blend)	Dyed Diesel Gallons (incl. Biodiesel Blend)	Aviation Fuel Gallons	Blend Stock Gallons

O = Own; L = Lease; P = Operate

Fuel Receipts and Disbursements

- 1. Yes No Do you plan to be a position holder (shipper of record) on one of the commercial pipelines serving this state?
- 2. Yes No Do you plan to purchase gasoline or diesel blending stocks?
- 3. Yes No Do you plan to blend these stocks into gasoline or diesel for resale below the rack?
- 4. Yes No Do you plan to sell aviation fuel?
- 5. Yes No Do you plan to sell racing fuel?
- 6. Yes No Do you own or control other businesses in the petroleum industry (e.g., other restricted distributors, suppliers, fuel carriers, retail vendor locations, terminal storage or brokers)? If yes, specify below businesses that operate in this state. Attach additional documents, if needed.

Business Name	ADOT Account # (if applicable)	Business Type

Dyed Diesel

- Yes No Will you sell dyed diesel fuel to school districts and/or local transit authorities? If yes, use fuel tax at the light class rate of 18¢ per gallon will be required to be paid.

County Fuel Planned Delivery Activity

Purchase Fuel From (identify counties from which you plan to purchase fuel)											
<input type="checkbox"/> Apache	<input type="checkbox"/> Cochise	<input type="checkbox"/> Coconino	<input type="checkbox"/> Gila	<input type="checkbox"/> Graham	<input type="checkbox"/> Greenlee	<input type="checkbox"/> La Paz	<input type="checkbox"/> Maricopa	<input type="checkbox"/> Mohave	<input type="checkbox"/> Navajo		
<input type="checkbox"/> Pima	<input type="checkbox"/> Pinal	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Yavapai	<input type="checkbox"/> Yuma		<input type="checkbox"/> Imported from Another Jurisdiction					

Deliver Fuel To (identify counties to which you plan to deliver fuel)											
<input type="checkbox"/> Apache	<input type="checkbox"/> Cochise	<input type="checkbox"/> Coconino	<input type="checkbox"/> Gila	<input type="checkbox"/> Graham	<input type="checkbox"/> Greenlee	<input type="checkbox"/> La Paz	<input type="checkbox"/> Maricopa	<input type="checkbox"/> Mohave	<input type="checkbox"/> Navajo		
<input type="checkbox"/> Pima	<input type="checkbox"/> Pinal	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Yavapai	<input type="checkbox"/> Yuma		<input type="checkbox"/> Another Jurisdiction					

Signatures

Attach documents with additional partners and signatures, if needed.

- If sole owner, must be signed by the sole owner and spouse.
- If partnership or LLP, must be signed by all general partners.
- If corporation, LLC or LLLC, must be signed by one corporate officer.
- If government, must be signed by your agency director or designee.

I certify under penalty of perjury that I am duly authorized to make the foregoing application and that the information contained in this application is true, accurate and complete, to the best of my knowledge. I 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 Arizona Department of Transportation, for purposes of determining compliance with the Arizona Revised Statutes.

Restricted distributor, supplier, vendor or vendor branch business activities conducted in Arizona prior to the issuance of a license may be subject to penalties.

Application Date

Must be signed by licensee or authorized officer of the business. No power of attorney or agent signature will be accepted.

Name and Title of Sole Owner, Partner or Officer	Sole Owner, Partner or Officer Signature
Name and Title Partner or Officer	Partner or Officer Signature
Name and Title Partner or Officer	Partner or Officer Signature

ADOT Use

Date Reviewed	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	License Type	Date License Issued	Date License Mailed
ADOT Account Number		Cycle Effective Date		