

Comptroller of Maryland
MATT Regulatory Division
Motor Fuel Tax
P.O. Box 1751
Annapolis, Maryland 21404-1751
410-260-7215
1-888-784-0142 or 0141

Exemption number

Application for Special Fuel Tax Exemption Certificate

Special fuel, as defined in §9-101 of the Tax-General Article, is any fuel, other than gasoline, that is usable as fuel in a compression or spark-ignited internal combustion engine.

1.	Legal name of applicant	Federal Identification Number
	Trade name	Social Security Number
	Business address	()
	City State 9-digit zip code County	Telephone number

2. Type of ownership
- | | | |
|---|---|--|
| <input type="checkbox"/> Sole proprietor | <input type="checkbox"/> Maryland corp. (closed) | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Non-Maryland corp. (regular) | <input type="checkbox"/> Fiduciary |
| <input type="checkbox"/> Non-profit corp. | <input type="checkbox"/> Non-Maryland corp. (closed) | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Maryland corp. (regular) | <input type="checkbox"/> Unincorporated association | <input type="checkbox"/> Limited Liability Co. (LLC) |

3. Type of Business

4. Total number of highway vehicles you own or operate that use special fuel fuel type

5. Total number of non-highway equipment pieces using special fuel fuel type

6. If applicant is a corporation, partnership or limited liability company, information requested below must be provided for all officers, partners, or members. Sole proprietors indicate home address and telephone number if different than Item 1.

Name	Social Security Number	Home address	Home telephone

7. Out-of-state applicants and limited liability companies must list following information for Maryland resident agent:

Name and Maryland address

Maryland telephone number Federal EIN or Social Security number

8. Indicate the product(s) for which you are seeking a tax exemption, your supplier, anticipated monthly sales/ use and Maryland storage - if any:

Product	Supplier	MD storage capacity	Anticipated monthly sales/use
Propane	_____	_____	_____
Dyed Diesel	_____	_____	_____
Undyed Diesel	_____	_____	_____
Kerosene	_____	_____	_____
Fuel oil	_____	_____	_____
Natural gas	_____	_____	_____
Turbine	_____	_____	_____

9. Do you sell any motor fuel? ☐ Yes ☐ No

if yes, indicate: ☐ Propane ☐ Diesel ☐ Kerosene ☐ Fuel oil ☐ Natural gas ☐ Turbine

10. How do you intend to USE the fuel listed in item #8?

11. Show physical location of Maryland storage - if different than address indicated in Item #1.

12. Section §1-204 of the Tax General Law titled "Compliance with Worker's Compensation Act" requires the evidence of such compliance prior to the issuance of any permit by this office.

- ☐ Applicant is not an employer required to provide coverage by the Maryland Workers' Compensation Law; or
☐ Applicant is an employer required to provide coverage by the Maryland Workers' Compensation Law

Name of insurance company _____

Policy or binder number _____

I certify under the penalty provided by law, that the statements made and information furnished hereon is true, correct, and complete to the best of my knowledge and belief.

Authorized signature and title

Date

Incomplete forms will not be accepted