

ANY CHANGES TO THE
INFORMATION PROVIDED
BELOW MUST BE
REPORTED TO THIS
OFFICE. WHEN CHANGES
OCCUR, PLEASE PROVIDE
A LETTER, ON OFFICIAL
LETTERHEAD,
INDICATING SUCH.



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
MOTOR FUEL TAX ADMINISTRATION
P.O. DRAWER E
DOVER, DELAWARE 19903-1565
(302) 744-2715

OFFICE USE ONLY

EXEMPTION NUMBER:

DATE APPROVED:

TAX EXEMPTION CERTIFICATE APPLICATION

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE PROCESSED

Federal Employer Identification Number: _____ Phone: () _____

We, _____

Located at (physical address) _____

are a **(CHECK ONE)** ☐ U.S. Government Agency, ☐ State Agency or Political Subdivision Thereof,
☐ Volunteer Fire Company, or ☐ Veterans/Civic Organization providing Ambulances on a Voluntary Basis,
as defined by 30 Del C c.51, Subchapter I, §5111, and Subchapter II, §5133. We hereby make application for an
exemption certificate in order to purchase gasoline and/or special fuel free of state tax.

It is understood that the exemption from tax authorized under the exemption certificate to a State, U.S. Governmental agency, etc., is limited to gasoline or special fuel purchased in Delaware for its exclusive use, & it is agreed that if gasoline or special fuel purchased in Delaware tax-free under the exemption certificate is used otherwise or is sold to employees or others, such fact must be reported to the Motor Fuel Distributor(s) and/or the Special Fuel Supplier(s) acting as supply source(s). It is also understood that the fraudulent use of the exemption certificate to secure exemption will subject the undersigned and all guilty parties to appropriate fines and/or imprisonment pursuant to 30 Del C c.51 §5128 and §5139.

It is agreed by the applicant that if the gasoline and/or special fuel purchased tax-free under the exemption certificate is used or disposed of otherwise than as herein specified, the applicant shall pay the tax, including interest and/or penalties, on such gasoline to the Distributor and/or Supplier, or will reimburse the Distributor and/or Supplier for any tax, including interest and/or penalties, assessed to the Distributor and/or Supplier by the State of Delaware.

What type of use is this exemption request intended for?

Credit Card Purchases at Retail Stations _____ Bulk Tank(s) _____ Both _____

**FOR BULK TANKS, PLEASE COMPLETE AND ATTACH THE GASOLINE AND/OR SPECIAL FUEL
BULK TANK INFORMATION FORM. PLEASE COMPLETE AS MANY FORMS AS NECESSARY TO
INCLUDE ALL BULK TANKS OWNED/CONTROLLED BY THE ABOVE REFERENCED ENTITY.**

Please provide the name and telephone number of the individual to contact regarding this application, and provide authorization:

Name: _____ Title: _____ Phone: () _____
(Print)

Authorized By: _____
(Print Name) (Sign Name) (Title)

OFFICE USE ONLY Approved by: _____
(Print Name) (Sign Name) (Title)