



**Registration Application for Diesel Fuels Refund**

**Mail to:**  
 Louisiana Department of Revenue  
 Taxpayer Services Division  
 Excise Tax Section  
 P.O. Box 66362  
 Baton Rouge, LA 70896-6362  
 (225) 219-7656 (225) 219-2114 (TDD)

**Please print or type.**

Legal Business or Corporation Name		Applicant's FEIN/SSN		Date
Trade Name or DBA (if different from Business Name)		Contact Person		
Applicant's Physical Location (do not list P.O. Box)		City	State	ZIP
Mailing Address (if different from above)		City	State	ZIP
Telephone Number	Fax Number	E-Mail Address		
LA Sales Tax Number	LA Corporation Tax Number	LA Motor Fuel Tax Number		

Please give a brief description of your business and intended use of fuel: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. How many highway-licensed vehicles do you have? \_\_\_\_\_

2. How many off-road vehicles/equipment do you have? \_\_\_\_\_

3. Provide detailed information for all vehicles/equipment on the back of this application. (This information is required.)

4. On what type fuel do you intend to file a refund claim?  Undyed Kerosene  Undyed Diesel

5. Do you store bulk fuel on your property?  Yes  No If yes, provide a detail explanation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you pick up bulk fuel or is it delivered to you? \_\_\_\_\_

7. Provide name and address of supplier from whom you purchase bulk fuel. \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

Account Number \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

