

**LOUISIANA**  
DEPARTMENT of REVENUE

**Special Fuel Excise Tax License Application**

**Mail to:**  
Louisiana Department of Revenue  
Taxpayer Compliance-SSEW  
P. O. Box 66362  
Baton Rouge, LA 70896-6362  
(855) 307-3893

A. Applicant Information														
Legal Business or Corporation Name		LA Account Number												
Trade Name or DBA (if different from Business Name)		FEIN/SSN												
Contact Person	Telephone Number (       )	Fax Number (       )	E-Mail Address											
B. Address Information														
Physical Location (do not list P.O. Box)		City	State	ZIP										
Mailing Address (if different from above)		City	State	ZIP										
Address of Business Records		City	State	ZIP										
C. License Information														
Check each license for which you are applying														
<input type="checkbox"/> Special Fuel Retail Dealer		<input type="checkbox"/> Special Fuel Fleet Dealer												
<b>List business license number(s) for the following (if applicable)</b>														
IFTA License Number	IRP License Number	Federal Registry Certificate Number	Type of Registry											
Enter 9-digit number assigned by the Secretary of State's Office, if applicable. You must have a number to submit this application, except for sole proprietorship or general partnership.														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> <td style="width:10%; border: 1px solid black;"> </td> </tr> </table>														
D. Type of Business Ownership														
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> General Partnership		<input type="checkbox"/> Joint Venture										
<input type="checkbox"/> Domestic Corporation		<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Association										
<input type="checkbox"/> Foreign Corporation		<input type="checkbox"/> Limited Liability Partnership		<input type="checkbox"/> Limited Liability Company										
<b>CORPORATION:</b> provide all corporate officers. <b>PARTNERSHIP:</b> provide all partners. <b>SOLE PROPRIETORSHIP:</b> provide owner. <b>ALL OTHERS:</b> provide all general partners, members, or managers. (Attach additional pages if necessary.)														
Full Legal Name		Title		Social Security Number										
Home Address		City		State    ZIP										
Full Legal Name		Title		Social Security Number										
Home Address		City		State    ZIP										
Full Legal Name		Title		Social Security Number										
Home Address		City		State    ZIP										
If your business organization is a partnership, sole proprietorship, or your business is based in another state you <b>must</b> provide an agent for service of process.														
Name		Telephone Number (       )		E-mail address										
		Fax Number (       )												
Address		City		State    ZIP										

**E. Product Information**

Check the type(s) of product you will be handling.

054 – Liquefied Petroleum Gas (LPG)       224 – Compressed Natural Gas       225 – Liquefied Natural Gas

**F. Special Fuels Purchase/Receipt Information (Attach additional pages if necessary.)**

Provide the following information on all suppliers from whom you will purchase special fuels and on all exchange partners from whom you will receive special fuels.

**Supplier**

Name	Point of Origin		Point of Destination		Product Code
	City	State	City	State	

**Exchange Partner**

Name	Point of Origin		Point of Destination		Product Code
	City	State	City	State	

**G. Special Fuels Provider License**

1. Do you plan to export special fuels out of this state?

Yes     No

2. Indicate the type of special fuels products exported out of this state.

Compressed Natural Gas     Liquefied Petroleum Gas     Liquefied Natural Gas

Other - Describe \_\_\_\_\_

3. Indicate the means of transport for this exported product (Check all applicable boxes.)

Seagoing Vessel/Barge     Transport Truck     Tankwagon Truck     Pipeline     Railroad Tank Car

Other - Describe \_\_\_\_\_

4. List the destination states for exported special fuels and your license number in those states. (Attach additional sheets if necessary.)

State	License/Registration Number	State	License/Registration Number	State	License/Registration Number
1.		3.		5.	
2.		4.		6.	

5. Do you plan to import special fuels into this state?

Yes     No

6. Indicate the type of special fuels products imported into this state.

Compressed Natural Gas     Liquefied Petroleum Gas     Liquefied Natural Gas

Other - Describe \_\_\_\_\_

7. Indicate the means of transport for this imported product *(Check all applicable boxes.)*

- Seagoing Vessel/Barge     
  Transport Truck     
  Tankwagon Truck     
  Pipeline     
  Railroad Tank Car  
 Other - Describe \_\_\_\_\_

8. List the state(s) from which you import special fuels and your license number in these states.

State	License/Registration Number	State	License/Registration Number	State	License/Registration Number
1.		3.		5.	
2.		4.		6.	

9. Are you a shipper of record on one of the commercial pipelines serving this state?

- Yes     No

10. What other types of operations will you be engaged in? *(Check all applicable boxes.)*

- Exchanges     Direct Shipments     Sales on Consignment     Sell special fuel products     Operate service stations  
 Trade special fuels products     Other - Describe \_\_\_\_\_

11. Do you operate vehicles that are fueled from the cargo tank of an special fuels vehicle?

- Yes     No

12. Estimate the number of taxable gallons that will be sold or used in this state during an average month.

Compressed Natural Gas \_\_\_\_\_ Liquefied Petroleum Gas \_\_\_\_\_ Liquefied Natural Gas \_\_\_\_\_

13. Do you maintain bulk storage for special fuels in this state?

- Yes     No

14. Where will your bulk storage be located? \_\_\_\_\_

15. Fuel Storage Capacity: Above Ground \_\_\_\_\_ Below Ground \_\_\_\_\_

16. If no bulk storage facility is owned, explain storage arrangements. \_\_\_\_\_

**H. Tax Pre-Collection Agreement**

I agree to collect and remit the taxes due to the State of been dispersed into a motor vehicle in the State of Louisiana.

Authorized Representative's Name (Please print or type)		Title
Authorized Representative's Signature		Date
Telephone Number (       )	Fax Number (       )	E-mail Address

**I. Certification – All applicants must complete this section**

I certify that I have read this application and know and understand its contents and that all the information herein is true, correct, and complete. I understand it is unlawful to knowingly make a false statement on the application and that any violation may be prosecuted. I further certify that myself or anyone connected with my business has not been previously convicted of any violation of the special fuels statutes or of any felony under the laws of this state or of the United States.

Authorized Representative's Name (Please print or type)		Title
Authorized Representative's Signature		Date
Telephone Number (       )	Fax Number (       )	E-mail Address

**Note:** License will be issued after receipt of the Surety Bond, Form R-5304.