

Alaska Qualified Motor Fuel Dealer License Application

Federal ID <input type="checkbox"/> SSN <input type="checkbox"/> EIN	Alaska business license number	Entity type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC * <small>* Attach a list of owners, their addresses, and phone numbers</small>	
Taxpayer name		Contact person	
Business name		Contact telephone	Contact fax
Mailing address	City	Contact email	
State	ZIP + 4		

License Type Check the appropriate box.

- Refines, blends, imports, manufactures and/or produces motor fuel
- Sells at least 50 percent of fuel to another party for resale and/or for residential heating purpose
- Sells at least 50 percent of fuel to another party for use in jet propulsion aircraft

Affidavit of Estimated Tax

If at any time during the year these estimates are lower than actual gallons subject to tax, you must file an amended affidavit and comply with any additional security requirements if applicable. The amended affidavit and additional tax security is due 30 days after you have knowledge of the underestimate.

	Estimated monthly sales (gallons)		Tax rate		Tax liability
Jet fuel		X	\$0.032	=	
Aviation gas		X	\$0.047	=	
Marine diesel & gasoline		X	\$0.05	=	
Highway diesel & gasoline		X	\$0.08	=	
Highway gasoline special rate		X	\$0.02	=	
Heating fuel diesel (exempt)		X	\$0.00	=	
Total estimated maximum monthly tax liability (add amounts in this column)				=	

Your estimated maximum monthly tax liability must be secured either by a bond, cash, letter of credit, or certificate of deposit from an Alaska bank. Check one.

- Bond in an amount equal to twice the average monthly motor fuel tax remittance but not less than \$5,000.
- Cash, letter of credit or certificate of deposit from an Alaska bank in an amount equal to twice the average monthly motor fuel tax remittance but not less than \$5,000.

Location of storage facility or base port of mobile operations	Facility or vessel capacity
Legal description or vessel name(s)	

Qualified dealer reports are available at www.tax.alaska.gov.

I certify that an accurate record will be kept of all purchases, sales and uses of fuel, required monthly returns will be filed and taxes will be paid on or before the last day of the following calendar month. Under penalty of perjury, I declare that this application and any attachments have been examined by me and to the best of my knowledge and belief are true, correct and complete.

Signature _____ Printed name _____ Date _____

Department use <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
License number	Examined by

Mail to: Alaska Department of Revenue - Tax Division
 550 W 7th Ave Ste 500 • Anchorage AK 99501-3566
 Telephone 907.269.6620 • FAX 907.269.6644
 Email dor.tax.motorfuel@alaska.gov