

Florida Temporary Fuel Tax Application

DR-156T Effective 07/19 TC 09/19 Rule 12B-5.150, F.A.C. Page 1 of 4

This application may be used for the following license types:

- · temporary importer license
- · temporary exporter license
- temporary carrier license
- · temporary pollutant license

General Information

A person may obtain a temporary importer, exporter, pollutant, or carrier fuel tax license when the Governor of Florida has declared a state of emergency, or when the President of the United States has declared a major disaster in Florida or in any other state or territory of the United States.

Importer means any person that has met the requirements of section (s.) 206.051, Florida Statutes (F.S.), and is licensed by the Department to import motor fuel or diesel fuel upon which no precollection of tax has occurred, other than through bulk transfer, into this state by common carrier or company-owned trucks.

Exporter means any person who has met the requirements of s. 206.052, F.S., and who is licensed by the Department as an exporter of taxable motor or diesel fuels either from substorage at a bulk facility or direct from a terminal rack to a destination outside the state.

Carrier means every railroad company, pipeline company, water transportation company, private or common carrier, and any other person transporting motor or diesel fuel, casing-head gasoline, natural gasoline, naphtha, or distillate for others, either in interstate or intrastate commerce, to points within Florida, or from a point in Florida to a point outside the state.

Florida Pollutant Importer means any person who imports into or causes to be imported into Florida, taxable pollutants for sale, use, or otherwise.

When a state of emergency is declared in Florida, a person may obtain an importer or carrier fuel tax license to import or transport fuel into this state.

When a major disaster has been declared in any state or territory other than Florida, a person may obtain an exporter or carrier fuel tax license to export or transport fuel to the state or territory where the disaster has been declared.

A temporary license will expire on the last day of the month after the month in which a license is issued.

A temporary license may be extended for the duration of a declared emergency or major disaster when the licensee makes a written request for such extension.

To qualify for a temporary fuel license you must:

- Have a business location in Florida or in another state, and
- Have a sales tax registration if located in Florida, or
- Have a Florida fuel tax license, or
- Have a fuel license issued in a state other than Florida.

How many applications do I need?

To import, export, transport, or sell motor or diesel fuel in Florida during a declared state of emergency or major disaster, a person must file this application only once to engage in such business.

How do I file this application?

You must:

- Complete the application in its entirety.
- FAX a copy of the application to (850) 245-5867, or
- Scan and email a completed copy of your application to **motor fuel@floridarevenue.com**.

Who must file this application?

Any person who seeks to import, export, transport, or sell motor and diesel fuel after the Governor of Florida or the President of the United States has declared a state of emergency or a major disaster.

How much is the registration fee?

A registration fee is not required to get a temporary fuel license.

How do I get more information?

- For assistance with this application or general information about fuel tax, call Taxpayer Services at 850-717-6627, Monday through Friday (excluding holidays).
- Information, forms, and tutorials are available on the Department's website at **floridarevenue.com**.

NOTE: You are authorized to begin the activity for which your license was issued (importer, exporter, carrier or pollutants) on the date this application is faxed or emailed to the Department.



It is a third degree felony to operate without a license.

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1.	Federal Employer Identification Number (FEIN)						
2.	Business Name	Phone No. ()					
3.	Trade Name, D.B.A. or A.K.A	Fax No. ()					
4.	Contact Person	Phone No. () ext					
5. Type and Legal Organization: (Please check only one)							
	A) □ Corporation (check one): □ C Corp □ S Corp						
	If corporation, check any of the appropriate boxes that apply:						
	Wholly Owned Subsidiary of a Publicly Held Corporation						
	Joint Venture						
	C) ☐ Limited Liability Company (check one): ☐ Single Member	☐ Multi-member					
	D) ☐ Individual/Sole Proprietorship						
	E) □ Business Trust						
	F) Governmental Agency						
6.	Principal Business Location Address (cannot be a PO Box)						
	City County	State ZIP					
	Country Foreign Postal Code						
7.	low would your company like to receive information on Florida fuel tax? (Please check one)						
	□ Mail (U.S. Postal Service)						
	□ Fax Fax Number ()						
	□ Email Email address						
8.	Please check each box that applies to your business activity.						
	☐ Importer ☐ Exporter ☐ Common Carrier ☐ Private Carrier						
9.	Address where business records are maintained (cannot be a PO Box)						
	City County	State ZIP					
	Country Foreign	Postal Code					
10.	Mailing address (cannot be a PO Box)						
	City County	State ZIP					
	Country Foreign	Postal Code					

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	A) License Applicant Date of Incorporation							
	If filing as a corporation, list the state in which you are incorporated							
	List other states where your corporation has operated or is operating							
	B) Parent Corporation (if applicable) Parent Corporation FEIN							
	Parent Corporation Name							
			County					
		Country	Foreign Postal Code	Phone No. ()	Ext			
	NOTE: If incorporated in a state other than Florida, you must attach a certified copy of the certificate or licen issued by the Florida Secretary of State authorizing the corporation to transact business in Florida.							
12.		ersonnel/Partner Informatio ockholder with a controlling ir	n: Full name, FEIN (if applicable), a nterest, and/or director.	nd address of each corporate office	cer, owner, general partner			
			Make copies of this page if ad	Iditional space is needed.				
А) Na	ame						
		Home Address		FEIN				
		City	County	State	ZIP			
		Country	Foreign Postal Code	Phone No. ()	Ext			
		Corporate or Business Title		Interes	t/Ownership%			
E	3)	Name						
		Home Address		FEIN				
		City	County	State	ZIP			
		Country	Foreign Postal Code	Phone No. ()	Ext			
		Corporate or Business Title		Interes	t/Ownership%			
	C)) Name						
		Home Address		FEIN				
		City	County	State	ZIP			
		Country	Foreign Postal Code	Phone No. ()	Ext			
		Corporate or Business Title		Interes	t/Ownership%			
	D)	Name						
		Home Address		FEIN U U - U U U				
		City	County	State	ZIP			
		Country	Foreign Postal Code	Phone No. ()	Ext			
		Corporate or Business Title		Interes	t/Ownership%			

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13.	. Carrier Information						
	A) Do you transport petroleum products/fuels over the highways and/or waterways of Florida? \square YES \square NO						
	If "YES," are you a common carrier? \square YES \square NO If "NO," go to question 13(B)						
	If "	If "YES," what mode of transportation is used to transport the fuel/petroleum products? ☐ Truck ☐ Rail ☐ Vessel ☐ Pipeline					
	entification number, and to ort fuel on the highways o pment used to transport f	or waterways of					
		Make/Model	Year	Vehicle	e ID Number	Tanker Capacity	(in Gallons)
14.	Ро	llutants Storage	Information				
	Will this business import pollutants into this state? \square YES \square NO						
15.	Lic	ensing Information	on				
A) Are you registered to collect and/or remit sales tax? ☐ YES ☐ NO B) Will this business import fuels into Florida upon which there has been no precollection of Florida tax? ☐ YES ☐ NO C) Do you transport petroleum products either for yourself or for hire? ☐ YES ☐ NO D) Do you export fuels from this state other than by pipeline or marine vessel? ☐ YES ☐ NO E) Do you have a fuel license issued by another state? ☐ YES ☐ NO If yes, please provide the state and license number. State License Number							
Affidavit of Applicant(s) I, the undersigned individual(s), or if a corporation for itself, its officers, and directors, hereby swear or affirm under penalty of perjury as provided in section 837.06, Florida Statutes (F.S.), that I am duly authorized to make the foregoing application and that the application and all attachments are true and correct representation(s) of the premises to be licensed. If licensed, I agree that the place of business may be inspected and searched, during business hours or at any time business is being conducted on the premises, by officials and agents of the Florida Department of Revenue for the purposes of determining compliance with Chapter 206, F.S. Sworn to (or affirmed) and subscribed before me							
State of County of ,						·	
_		Signat	ure of Applicant		Signat	ure of Notary Public	
		Print or Typ	pe Applicant's Name				
	WARNING Print, Type or Stamp Name of Notary						
ans	Read carefully: This instrument is a sworn document. False answers could result in criminal prosecution subject to fine and/or imprisonment and denial of your application. Personally Known or Produced Identification Type of Identification Produced						