



Application for Air Carrier Fuel Tax License

DR-176 R. 01/16

Rule 12B-5.150 Florida Administrative Code Effective 01/16

You must complete this application with appropriate attachments and receive approval by the Florida Department of Revenue before engaging in or conducting business involving fuel in the State of Florida.

1. Federal Employer Identification Number (FEIN)

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 all boxes that apply:

[ ] Publicly Held Corporation [ ] Privately Held Corporation [ ] Wholly Owned Subsidiary of a Publicly Held Corporation

B) [ ] Partnership (check one): [ ] General [ ] Limited [ ] 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 post office box) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_

7. Do you receive tax-free aviation fuel under U.S. Customs bond? [ ] Yes [ ] No

If yes, enter the number of gallons received each month \_\_\_\_\_

8. Corporation Information

A) License Applicant: If filing as a corporation, list your state of incorporation: \_\_\_\_\_

List other states where your corporation has operated or is operating: \_\_\_\_\_

B) Parent Corporation (if applicable) Parent Corporation FEIN [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Parent Corporation Name \_\_\_\_\_

Parent Corporation Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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 license issued by the Florida Secretary of State authorizing the corporation to transact business in Florida.

9. **Personnel/Partner Information:** Full name, social security number (SSN), FEIN (if applicable), and address of each corporate officer, owner, general partner, stockholder with a controlling interest, and/or director. (You may make copies of this page if additional space is needed.)

**DR-176  
R. 01/16**

A) Name \_\_\_\_\_ **SSN** -- (Individual)  
 Home Address \_\_\_\_\_ **FEIN** - (Business)  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Country \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_  
 Corporate or Business Title \_\_\_\_\_ Interest/Ownership \_\_\_\_\_ %

B) Name \_\_\_\_\_ **SSN** -- (Individual)  
 Home Address \_\_\_\_\_ **FEIN** - (Business)  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Country \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_  
 Corporate or Business Title \_\_\_\_\_ Interest/Ownership \_\_\_\_\_ %

C) Name \_\_\_\_\_ **SSN** -- (Individual)  
 Home Address \_\_\_\_\_ **FEIN** - (Business)  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Country \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_  
 Corporate or Business Title \_\_\_\_\_ Interest/Ownership \_\_\_\_\_ %

D) Name \_\_\_\_\_ **SSN** -- (Individual)  
 Home Address \_\_\_\_\_ **FEIN** - (Business)  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Country \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_  
 Corporate or Business Title \_\_\_\_\_ Interest/Ownership \_\_\_\_\_ %

**Note:** Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at [www.myflorida.com/dor](http://www.myflorida.com/dor) and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

**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, 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 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 \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print or Type Applicant's Name

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

**WARNING:**

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 \_\_\_\_\_

**Who must register?**

A commercial air carrier that operates in Florida must apply to the Department of Revenue for an air carrier fuel tax license. To obtain a license, the applicant must complete an *Application for Air Carrier Fuel Tax License* (Form DR-176) and furnish all documentation that the Department may require. The license must be renewed annually.

if delivered or postmarked after the 20<sup>th</sup> day of the month following the collection period. If the 20<sup>th</sup> is a Saturday, Sunday, state holiday, or federal holiday, your return must be postmarked or delivered to the Department by the next business day. We may assess penalty and interest if your return is not postmarked by the 20<sup>th</sup>. **You must file a return even if no tax is due.**

**How much is the registration fee?**

The fee for a Florida Air Carrier Fuel Tax License is \$30. The fee for renewals is also \$30.

If you make a tax payment using electronic funds transfer (EFT), transmit your payment before 5:00 p.m., ET, on the banking business day prior to the 20<sup>th</sup>.

**Where do I send the application and the required fee?**

Mail this application with the required fee and the applicable surety bond(s) to:  
ACCOUNT MANAGEMENT / FUEL UNIT  
FLORIDA DEPARTMENT OF REVENUE  
PO BOX 6480  
TALLAHASSEE FL 32314-6480

**When do I need to contact the Department of Revenue?**

- To file this application.
- If your business moves.
- If you close your business.
- If you change or add a licensable business activity.
- If your contact person changes.

**Do not send cash.**

**What are my Electronic Payment Obligations?**

You will be required to submit your payment by Electronic Funds Transfer (EFT) if you pay more than \$20,000 in aviation tax between July 1 and June 30 of any given year. You may obtain additional information on electronic filing and/or enroll for EFT on the Department’s website at [www.myflorida.com/dor](http://www.myflorida.com/dor).

**How and when do I report the tax?**

Once you have registered to collect and/or report aviation fuel tax, you will receive a monthly *Florida Air Carrier Fuel Tax Return* (Form DR-182). Taxes are due to the Department on the 1<sup>st</sup> day of the month following the collection period. Your return is late

**Contact Us**

Information, forms, and tutorials are available on our website:

[www.myflorida.com/dor](http://www.myflorida.com/dor)

For assistance with this application or general information about fuel tax, call Taxpayer Services, 8 a.m. to 7 p.m., ET, Monday through Friday, excluding holidays, at 800-352-3671.

**For written replies to tax questions**, write to:

Taxpayer Services - MS 3-2000  
Florida Department of Revenue  
5050 W Tennessee St  
Tallahassee FL 32399-0112

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