



Motor Carrier Division
 555 Wright Way
 Carson City, NV 89711
 (775) 684-4711
 Fax: (775) 684-4619
mctlc@dmv.nv.gov
dmv.nv.gov

FUEL EXPORTER REPORT

Due the Last Day of the Month Following the Activity

Account No. _____ Report Period _____ FEIN _____

PLEASE PRINT OR TYPE

Name and Location Address:

Name and Mailing Address:

THIS FORM MUST BE FILED BY THE LAST DAY OF THE MONTH FOR DELIVERIES MADE DURING THE PRECEDING MONTH

1. Total Gallons of Propane	
2. Total Gallons of Gasoline	
3. Total Gallons of Gasohol	
4. Total Gallons of Kerosene	
5. Total Gallons of Low Sulfur #1 Diesel	
6. Total Gallons of Low Sulfur #2 Diesel	
7. Total Gallons of Compressed Natural Gas	
8. Total Gallons of High Sulfur Diesel Dyed	
9. Total Gallons of Low Sulfur Diesel Dyed	
10. Total Gallons of Other product	
Total Gallons Exported (add lines 1 to 10)	

Under penalties of perjury, I declare that, as Preparer, I have examined this report and to the best of my knowledge and belief, it is correct and complete.

Preparer's Signature

Telephone Number

Date

Printed Name of Signer

Title of Signer and E-mail Address