



Motor Carrier Division
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TRANSPORTER'S REPORT

Common & Contract Petroleum Products Carrier Report

Account No. _____ Report Period _____ FEIN _____

PLEASE PRINT OR TYPE

Name and 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 petroleum products loaded at a NV location and delivered to another state (Attach Schedule 1A).	
2. Total gallons of petroleum products loaded at an out-of-state location and delivered in NV (Attach Schedule 2A)	
3. Total gallons of petroleum products loaded at a NV location and delivered in NV (Attach Schedule 3A)	
4. Total gallons of petroleum products transported (total lines 1 through 3).	

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

 Authorized Signature

 Telephone Number

 Date

 Printed Name of Signer

 Title of Signer and E-mail Address



TRANSPORTER'S REPORT- INSTRUCTIONS

SCHEDULE A- SCHEDULE OF DELIVERIES

GENERAL INSTRUCTIONS

Schedule A provides a detail of each delivery included on the Transporter's Report. Prior to recording the information requested in columns (1) through (10), you should organize your records as follows:

Schedule 1A: Total all deliveries of fuel from in state locations to outside the state (exports). Complete one for each fuel product type and each state.

Schedule 2A: Total all deliveries of fuel from out-of-state locations to a location inside the state (imports). Complete one for each fuel product type and each state.

Schedule 3A: Total all deliveries of fuel between points in the state (intrastate). Complete one for each fuel product type.

SPECIFIC INSTRUCTIONS

Column (1) Person Hiring the Carrier - Enter the name of the company that hired you.

Column (2) Person Hiring the Carrier - Enter the FEIN of the company that hired you.

Column (3) Seller - Enter the name of the company from whose account the fuel was withdrawn.

Column (4) Seller - Enter the FEIN of the company from whose account the fuel was withdrawn.

Column (5) Mode of Transport - Enter one of the following:
J=Truck R=Rail PL=Pipeline

Column (6) Origin - Enter the city and state or country shown on the delivery document (bill of lading, manifest or other loading document issued by the terminal operator) where the special fuel was loaded for each delivery. If the fuel was loaded at a terminal, enter the uniform terminal code assigned to such terminal.

Column (7) Delivered To - Enter the name of the final delivery point.

Column (8) Delivered To - Enter the address of the final delivery point. If delivered to a terminal, enter the terminal code for that terminal.

Column (9) Delivered To - Enter the FEIN of the final delivery point.

Column (10) Date Delivered - Enter the date the special fuel was delivered for each delivery (MM-DD-YY).

Column (11) Document Number - Enter the identifying number from the document issued at the terminal when product was removed from the rack. In the case of pipeline or barge movements, enter the pipeline or barge ticket number.

Column (12) Gallons - Enter the number of gross gallons delivered for each delivery.

Instructions: Transporter Schedule

Column (13) Gallons - Enter the number of net gallons delivered for each delivery.

Enter the grand total for columns 12 & 13 in the space provided at the bottom of the schedule. Carry the Net Gallons from column 13 forward to the appropriate line on the **Transporter Report**.

TAXPAYER ASSISTANCE: For additional information regarding this schedule, please contact, Motor Carrier Division, 555 Wright Way, Carson City, NV 89711; telephone (775) 684-4711, ext. 2.

