



MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711 fax (775) 684-4619
dmv.nv.gov

For Office Use Only

Date Received	Date Approved	Date Issued	Initials	Account Number
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APPLICATION FOR MOTOR AND SPECIAL FUEL LICENSING

Indicate the types of accounts applying for:

{ } Supplier/Distributor/Jet/Aviation { } Special Fuel Dealer { } Exporter { } Transporter

Part 1, IDENTIFYING INFORMATION

1. Ownership type: _____
2. Applicant's name, if a corporation or partnership, must match the name as shown on your Corporate Documents or Partnership Agreement:

(Street Address)

(City, State, Zip) (Area Code, Telephone Number, Fax Number, E-mail)
5. Federal Employer Identification Number or Social Security Number:

6. Federal (637) Tax-Free Number (if applicable):

7. Mailing Address for correspondence (if different from #4 above):

(Street Address) (City, State, Zip)
8. Other Mailing Address, specify purpose: _____

(Street Address) (City, State, Zip)
9. Location of Records (if different from #4 above): _____

(Street Address) (City, State, Zip)
10. Licensing Contact: _____
(Name, Telephone Number, Fax Number, E-mail)
11. Tax Return Contact: _____
(Name, Telephone Number, Fax Number, E-mail)
12. EFT Contact: _____
(Name, Telephone Number, Fax Number, E-mail)
13. EDI Contact: _____
(Name, Telephone Number, Fax Number, E-mail)

14. **Corporations:** Complete the Personal History Questionnaire for each corporate officer and director.
Shareholders: Complete the Personal History Questionnaire for each shareholder with a controlling interest in the corporation. (Controlling shareholder means all shareholders if there are 15 or less, if more than 15 shareholders, shareholders with five percent or more ownership interest.)
Partnerships: Complete the Personal History Questionnaire for each general or limited partner.
Sole Proprietorship: Complete the Personal History Questionnaire for the owner and spouse.

Personal History Questionnaire

☐ Business Principal /Officer ☐ Resident Agent/Manager ☐ Owner

A. Name:

Last First Middle

Any additional names you have been known by (*maiden name, stage name, nickname, etc.*):

Mailing Address

Street City State Zip

Physical Address

Street City State Zip

Home Phone _____ Additional Phone _____

Driver's License No. _____ State _____

Date of Birth _____ Place of Birth _____

Social Security No. _____ ☐ Female ☐ Male

Height _____ Weight _____ Hair _____ Eyes _____

Scars, marks and/or tattoos _____

B. List names, complete address and phone numbers of two personal references. (**DO NOT use work addresses and phone numbers**)

Name	Address	Phone Number

Copy and attach additional pages as necessary.

A copy of the listed persons' current driver's license must be attached.

15. If incorporated, State of Incorporation, Date and Corporation/LLC Number: _____

16. If a Nevada Corp., list your Nevada Business License Number: _____

17. Has any person or business listed on this application been convicted of any felony or misdemeanor involving fuel?
Yes ____ No ____ If yes, explain : _____

18. Has any person or business listed on this application had any type of license involving motor vehicle fuel or special fuels suspended, revoked or canceled? Yes ____ No ____ If yes, explain:
-
-
19. List any other business licenses or permits held in other jurisdictions by any person or business listed on this application:
-
-
20. List any other business licenses or permits held in Nevada by any person or business listed on this application:
-
21. Does the business operate only in Nevada? Yes ____ No ____
22. Date business began operations in Nevada: _____
23. Has the business listed on this application now or in the past conducted any other businesses using a DBA? Yes ____ No ____ If yes, list business name: _____
-
24. Does the business listed on this application own any property in Nevada? Yes ____ No ____ If yes, describe:
-
25. Does any person or business listed on this application own or control any petroleum business operating in Nevada or any other jurisdiction? Yes ____ No ____ If yes, describe:
-
-
26. Does any person or business listed on this application own or control any petroleum transport equipment operating in Nevada or any other jurisdiction? Yes ____ No ____ If yes, describe:
-
-
27. List any current or previous officer, director, member, controlling shareholder, partner or sole proprietor of any entity who holds or has held within the last seven years a motor fuel/special fuel license in any jurisdiction. Also include the jurisdiction, account number and relationship to account holder.
-
-
28. Name of business's financial institution: _____
-
- | | | |
|------------------|-----------------------------|--------------------------------|
| (Account Number) | (Address, City, State, Zip) | (Telephone Number, Fax Number) |
|------------------|-----------------------------|--------------------------------|
- Will payments be made by EFT or ACH? _____
29. Nevada Resident Agent, required for all non-Nevada based companies: _____
-
- (Address, City State Zip, Telephone Number, Fax Number)
30. If business was acquired, enter name of company and account number (if known):
-

- A. How many storage tanks were purchased? _____
List type of fuel and number of gallons in the storage tanks at the time of purchase. Attach additional pages if needed. _____
- B. Are the tanks metered? Yes___ No___
- C. Are bulk tank inventories and logs maintained and reconciled monthly? Yes___ No___

31. Do you own a terminal in Nevada or another jurisdiction from which products are delivered to Nevada?
Yes ___ No ___ If yes, list the location and Federal Terminal Control Number for each terminal:

A. List all position holders/suppliers owning product in your terminal(s):

Part 2, SUPPLIER/DISTRIBUTOR/SPECIAL FUEL DEALER

32. Do you plan to import product into Nevada? Yes ___ No ___ Indicate the type of product(s):

- ☐ Diesel High or Low ☐ Kerosene High or Low ☐ Gasoline ☐ Methanol ☐ Propane (LPG)
☐ Ethanol ☐ Liquid Natural Gas (LNG) ☐ Transmix/Other Waste Products ☐ Biodiesel
☐ Alcohol ☐ Compressed Natural Gas (CNG) ☐ Other

33. Indicate the means of transport for the imported product(s):

- ☐ Pipeline ☐ Railroad Tank Car ☐ Transport Truck ☐ Tankwagon Truck ☐ Other _____

34. List the jurisdictions from which you import product and your license number in that jurisdiction:

35. Are you a shipper of record on one of the commercial pipelines in Nevada? Yes ___ No ___

36. Do you plan to export product out of Nevada? Yes ___ No ___

37. List the jurisdictions to which you plan to export fuel to and your license number(s) in those jurisdiction(s):

38. Indicate the other types of operations you will be engaged in: ☐ Exchanges ☐ Sales on Consignment

☐ Operate Service Stations ☐ Direct Shipments ☐ Sell Products ☐ Trade Product

☐ Other (Describe) _____

39. Provide the name, shipping/delivery point and product for each supplier, ~~and~~ exchange partner or customer you conduct business with. Indicate if they are a supplier or exchange partner and provide a copy of the exchange agreement, if applicable.

40. Do you maintain or plan to maintain bulk storage facilities in Nevada? Yes ___ No ___ If yes, enter date facility was or will be operational:

A. How many storage tanks do you have, including acquired tanks? Physical location of your bulk storage/s:

- B. Fuel type and maximum storage capacity gallons for each tank:
Above Ground _____ Below Ground _____
- C. Are the tanks metered (all tanks must be metered and inventoried)? Yes___ No___
- D. Are tank logs and inventories maintained and reconciled monthly? Yes___ No___

41. Do you lease storage facilities in a terminal in Nevada? Yes ____ No ____ If yes, list from whom and where you lease the storage:

42. Estimate the number of TAXABLE gallons that will be sold or used in Nevada during an average month:
Gasoline/Gasohol _____ Diesel High or Low Sulfur _____ Biodiesel High or Low _____
Kerosene High or Low _____ Compressed Natural Gas (CNG) _____ Propane (LPG) _____
Liquid Natural Gas (LNG) _____

43. Estimate the number of NON-TAXABLE gallons that will be sold or used in Nevada during an average month:
Gasoline/Gasohol _____ Diesel High or Low _____ Biodiesel High/Low Sulfur _____
Kerosene High or Low _____ Compressed Natural Gas (CNG) _____ Propane (LPG) _____
Liquid Natural Gas (LNG) _____ Ethanol _____ Methanol _____

44. Do you plan to blend taxed fuel(s) with an untaxed blending component? Yes ____ No ____ If yes, please provide your Blender's License Number _____

45. Do you plan to purchase blending stock(s)? Yes ____ No ____

46. Do you plan to purchase Transmix or other waste products? Yes ____ No ____

47. Indicate the physical location(s) where the blending will be done:

48. Describe your blending operation: _____

Part 3, AVIATION/JET FUEL DEALER

49. Do you plan to import product into Nevada? Yes ____ No ____ Indicate the type of product(s):
☐ Jet Fuel ☐ Aviation Fuel

50. Indicate the means of transport for the imported product(s):
☐ Pipeline ☐ Railroad Tank Car ☐ Transport Truck ☐ Other _____

51. List the jurisdictions from which you import product and your license number in that jurisdiction:

52. Are you a shipper of record on one of the commercial pipelines in Nevada? Yes ____ No ____

53. Indicate the other types of operations you will be engaged in: ☐ Exchanges ☐ Sales on Consignment
☐ Operate Service Stations ☐ Direct Shipments ☐ Sell Products ☐ Trade Product
☐ Other (Describe) _____

54. Provide the name, shipping/delivery point and product for each supplier and exchange partner you conduct business with. Indicate if they are a supplier or exchange partner and provide a copy of the exchange agreement,

if applicable.

55. Do you maintain or plan to maintain bulk storage facilities in Nevada? Yes ____ No ____ If yes, enter date facility was or will be operational:

A. How many bulk storage tanks and physical location?

B. Fuel type and maximum storage capacity gallons for each tank:

Above Ground _____ Below Ground _____

C. Are tanks metered? Yes ____ No ____

D. Are logs and inventories maintained? Yes ____ No ____

56. Do you lease storage facilities in a terminal in Nevada? Yes ____ No ____ If yes, list each storage tank and physical location, fuel type, maximum storage capacity and from whom you lease the storage:

57. Estimate the number of TAXABLE gallons that will be sold or used in Nevada during an average month:
Jet Fuel _____ Aviation Fuel _____

58. Estimate the number of NON-TAXABLE gallons that will be sold in Nevada during an average month:
Jet Fuel _____ Aviation Fuel _____

Part 4, EXPORTER

59. Indicate the type of product(s) you plan to export from Nevada:

☐ Diesel High / Low ☐ Kerosene High or Low ☐ Gasoline ☐ Jet Fuel ☐ Methanol
☐ Biodiesel High / Low ☐ Propane (LPG) ☐ Aviation Fuel ☐ Ethanol ☐ Alcohol
☐ Transmix/Other Waste Products ☐ Liquid Natural Gas (LNG) ☐ Compressed Natural Gas (CNG)

60. Indicate the means of transport for the exported product(s):

☐ Pipeline ☐ Railroad Tank Car ☐ Transport Truck ☐ Tankwagon Truck ☐ Other _____

61. Pursuant to NAC 365 and 366, you must list the states or jurisdictions to which you intend to export and provide proof of licensure in those jurisdictions prior to Nevada issuing an Export License. _____

Part 5, TRANSPORTER

62. Are you hired to transport petroleum products in Nevada? Yes ____ No ____

63. If waste products are transported, from whom do you pick up and transport to?

64. Number of licensed vehicles operating in Nevada:

26,001 lbs or greater: _____ 26,000 lbs or less: _____

65. International Registration Plan (IRP) base jurisdiction and account number for your motor carrier operations:

66. International Fuel Tax Agreement (IFTA) base jurisdiction and account number for your motor carrier operations: _____

67. US DOT number for your motor carrier operations: _____

68. If the vehicles are leased, indicate the lessor, address, city, state, zip and phone number: _____

Part 6, BOND CALCULATION

68. Using the estimated number of taxable gallons indicated in question #42 & #57, calculate the amount of bond required to be filed with this application. If using cash, savings certificate, certificate of deposit or investment certificate, the amount required must be rounded up to the nearest \$100.00. Currently Clark and Washoe counties index their fuel sales. If selling fuel in one or both counties, please contact the Department at (775) 684-4711, Option 2, Option 2 again. One of the Tax Examiners will be glad to assist in the calculation of the necessary bond for taxable sales in these counties.

All CNG, LPG, and LNG dispensed into the tank of a motor vehicle is taxed per gallon based on the following units of measurement: CNG = 5.66 pounds or 126.67 c.f. per gallon; LPG = 4.2 pounds or 36.3 c.f. per gallon; LNG = 6.06 pounds per gallon

Type of Fuel	# of Gallons	Times 3 months	Times Tax Rate	Total
Gasoline/Gasohol			0.33	
LNG			0.27	
Diesel high or low			0.27	
Biodiesel high or low			0.27	
Kerosene high or low			0.27	
Propane (LPG)			0.0640	
CNG			0.21	
Jet Fuel			0.04	
Aviation Fuel			0.10	
Totals				

69. Petroleum Products Inspection Fee

Product Refined/Imported	Estimated Gallons	Times 3 Months
Gasoline		
Gasohol		
Aviation Fuel		
Lubricating Oil		
Ethanol		
Methanol		
Blending Products		
Total		

X 00055 = _____

Petroleum Products Discharge Cleanup Fee

Product Refined/Imported	Estimated Gallons	Times 3 Months
Gasoline		
Gasohol		
Aviation Fuel		
Diesel		
Ethanol		
Methanol		
Blending Products		
Biodiesel		
Kerosene		
Total		

X .0075 = _____

Inspection Fee and Cleanup Fee Total _____

Bond amount required for license
(Total of #69 & #70) _____

Part 7, AFFIDAVIT OF APPLICANT(S) AND AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned hereby swears or affirms under penalty of perjury that I am duly authorized to make the foregoing Application, and hereby swear or affirm that the Application and all attachments are true and correct representations of the premises to be licensed and agree that the place of business, if licensed, may be inspected during business hours, or at any time business is being conducted on the premises, by officials and agents of the Nevada Department of Motor Vehicles, for purposes of determining compliance with NRS 360A, 365, 366, 373, 445C, and 590.

I hereby authorize the Department of Motor Vehicles to make any background investigation, including criminal background investigations, necessary as it pertains to the issuance of a Supplier/Dealer/Exporter/Transporter license. I understand that the providing of false information or the omission of the requested information in this application is grounds to deny, suspend, or revoke my Supplier/Dealer/Exporter/Transporter license.

I hereby authorize any person or entity contacted by the Department of Motor Vehicles, its agents or employees, during the course of my background investigation, to furnish to such agents or employees, any information or opinions they may have.

I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, the Department of Motor Vehicles, or any of its agents or employees, and any and all persons or entities who shall furnish any information or opinions to the agents or employees of the Department of Motor Vehicles who conduct my background investigation.

This waiver and its authority is valid until such time the applicant is no longer licensed by the State of Nevada, Department of Motor Vehicles. **Signatures must be original. Photocopies are not acceptable.**

Authorized Signature (must be Corporate Officer,
Partner or Owner)

Spouse's Signature, if applicable

Print or Type Authorized Name

Print or Type Spouse's Name

Title

Preparer's Signature if different from above

Date

Print or Type Preparer's Name

Title

State of Nevada, County of _____

Subscribed and sworn before me this _____ day of _____, _____

Notary Public **or** Authorized Nevada DMV Representative

Notary Seal

This Application must be typewritten or printed in ink, in its entirety, and be accepted and approved by the Nevada Department of Motor Vehicles. The license must be received prior to engaging in business in the State of Nevada. Please mail this original application, with the appropriate attachments to the address shown above.

Required Attachments:

- < Bond Form for Suppliers & Dealers
- < Copy of Articles of Incorporation
- < Copy of Charter or Certificate of Authority To Do Business in Nevada (Secretary of State Office)
- < Copy of Bylaws
- < Financial Statements (most current)
- < Additional pages as necessary to provide complete information