



ALABAMA DEPARTMENT OF REVENUE
 BUSINESS & LICENSE TAX DIVISION
 MOTOR FUELS SECTION

B&L: INSF
 7/15

P.O. Box 327540 • Montgomery, AL 36132-7540 • (334) 242-9608 • Fax (334) 242-1199
www.revenue.alabama.gov

Application For An Alabama Inspection Fee Permit

(THIS APPLICATION DOES NOT CONSTITUTE A LICENSE.)

APPLICANT'S NAME (AS WILL APPEAR ON PERMIT)

STREET ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER (IF INDIVIDUAL) FEDERAL IDENTIFICATION NUMBER

TELEPHONE NUMBER CONTACT PERSON E-MAIL ADDRESS
 ()

Indicate legal structure: Individually owned Partnership Corporation LLC Other: _____

State of incorporation/organization: _____

If LLC, have you elected to be taxed as a corporation under federal income tax laws? Yes No. If yes, please attach a copy of IRS election form 8832.

List below names, titles, social security numbers and legal addresses of owner, partners or corporate officers, or LLC members. (Attach a listing if necessary.)

NAME	NAME	NAME
TITLE	TITLE	TITLE
SOCIAL SECURITY NO.	SOCIAL SECURITY NO.	SOCIAL SECURITY NO.
ADDRESS	ADDRESS	ADDRESS

***THIS FEE REQUIRES MANDATORY ELECTRONIC FILING OF RETURNS.** Please initial: _____

COMPLETE THE REVERSE SIDE OF THIS APPLICATION.
 Failure to answer all questions or provide the requested documents
 will constitute cause for the rejection of your application by the Alabama Department of Revenue.

CERTIFICATION – ALL APPLICANTS MUST COMPLETE THIS SECTION

I certify that I have read this application and know and understand its contents and that all the information herein is true and accurate. I understand it is unlawful to knowingly make a false statement on the application and that any violation may be prosecuted.

AUTHORIZED REPRESENTATIVE'S NAME (PLEASE PRINT OR TYPE) TITLE

AUTHORIZED REPRESENTATIVE'S SIGNATURE DATE

TELEPHONE NUMBER FAX NUMBER E-MAIL ADDRESS
 () ()

OFFICE USE ONLY – APPROVAL FOR PERMIT
 Permit will be issued upon approval by Manager.

APPROVAL EFFECTIVE DATE PERMIT NUMBER

Answer the following questions. If space is insufficient, attach a listing of the information requested. All attachments are made part of the application.

1. List locations and capacities of all **current** storage facilities of dyed diesel fuel, dyed kerosene, and/or lubricating oil in Alabama.

2. Will you import products?

Yes No

3. Will you export products?

Yes No

4. Are you registered with the Alabama Secretary of State?

Yes No If yes, please enter number here: _____ - _____

You must be registered with the Alabama Secretary of State in order to do business in Alabama except for sole proprietorship or general partnership.

5. Are you purchasing/merging with any organization(s) or person(s) that is/was permitted with the Alabama Department of Revenue?

Yes No If yes, indicate the organization(s) or person(s).
