## State of New Jersey Division of Taxation MOTOR FUELS TAX PO Box 189

## Trenton, NJ 08695-0189

## FUEL CARRIER QUESTIONNAIRE

1. FID# -		OR	Soc. Sec. # of owner	- [	<u> </u>			
2. Name	(If INICOD DOD A T	ED give Corn Nem	ne; IF NOT - give Last Name,	First Nama MI of awner(a))				
3. Trade Name	(II INCORPORAT			ne and Address - (if diff		ess)		
4. Business Location:		 Name	Name					
Street			Street					
City_		State	City		State			
Zip Code	(Give 9-digit Zip)		Zip Code [	(Give	9-digit Zip)			
6. Beginning Date for this busin	ness in New Jersey	/_	/	-				
7. Type of ownership (check of NJ Corporation  Other - explain	ne):  □ Sole Proprietor	month  Partn	ership 🗆 Out-	of-State Corporation	☐ Limited Pa	artnership		
8. Contact Information: Conta	act Person			Title				
Daytime: ( )		Ext	Evening: (	)	Ext			
E-Mail Address:						¬		
9. IF A CORPORATION, com  0. Provide the following inform  NAME	nation for the owner, par		ble corporate officers. (			%		
(Last Name, First, M.I.)		TITLE		(Street, City, Zip)				
11. List below the states your fi	irm operates in, other tha	nn New Jersey. (	(if more space is needed,	attach rider).				
12. Type of petroleum products		neck appropriate						
☐ LS Diesel☐ #2 Dyed Diesel	<ul><li>☐ Kerosene</li><li>☐ Gasoline</li></ul>		□ Other					
13. Do you solely transport pro	ducts owned by the com	pany completing	this form?	🗖	Yes □ No	)		

14.	List the names and addresses of all persons for whom fuel is transported, also Name and Address  List below the products picked up in other states to be delivered to a New Jers State			Products				
15.								
		· · · · · · · <u> </u>	☐ Yes ☐ No					
17.	List below the Transporter License nun		ned and ope	erated by your	r firm. (Attach rider, it	f necessary).		
	Truck Number Vessel Name	Transporter License Number	G	as	Operated By Diesel	Other		
7a.	Number of Tractors maintained		Tank	Trailers				
18.	Do you maintain bulk storage of fuel for your business?   Yes  No Size of tank(s) gallons.							
	Type of fuel: ☐ Gasoline  If you store Diesel, list your MFT Selle							
19.	List below your supplier(s) of the above	e stated fuels for the past two years. (A	ttach rider,	if necessary)	•			
	Fuel Type		Supplier (Name & Address)					
20.	Give name, title, address and telephone prepared and records kept.	number of person charged with the dut	y of filing l	Motor Fuel ta	x reports and location	where reports are		
21. 1	Person completing this questionnaire:				( )			
	(Print or Type)				(Telephon	ne Number)		
	(Signature)		(Title)			(Date)		

## 18:18-8.1 Reports by Fuel Carriers

Every railway or railroad company, water transportation company, and person transporting fuels as herein defined, in bulk, between points within the State, and every water transportation company and person transporting fuel in bulk to a point outside the State from any point within the State, must at any time, upon written request of the Director, report, in a manner prescribed by the Director, all deliveries of fuel so made to points within or without the State.