



Registration as a Transporter of Motor Fuel

For sole owner, print individual's name, address, owner's SSN and FEIN of the business. For a partnership, print full name, address and SSN of all partners and the partnership's FEIN. For an LLC or LLP, print the full name, address and SSN of all members. For a corporation, print the corporate name, corporation charter number issued by the Secretary of State authorizing business in Ohio and the corporation's FEIN. Use a separate piece of paper if necessary.

Under penalties of prosecution, no person shall make a false or fraudulent statement on this registration.

1. Name of registrant _____
(If you are a corporation, **DO NOT** use your name, use the corporation name.)

FEIN _____ SSN _____ Telephone _____

Fax _____ E-mail _____

2. Trade name if other than above _____

3. Check whether applicant operates as: Sole owner Partnership Corporation LLC LLP
 Other (list) _____

4. Account contact: Name _____

Phone number _____

E-mail _____

5. Business address (P.O. boxes not acceptable) _____

6. Mailing address (if other than business address) _____

7. If a corporation, list name, address, e-mail and SSN of all officers and directors.

8. If a partnership, list name, address, e-mail and SSN of all partners. If LLC or LLP, list name, address, e-mail and SSN of all members.

It is understood that upon approval of this registration, the registrant will comply with all the laws/requirements of Ohio Revised Code Chapter 5735. Failure to comply with applicable law could result in assessment of tax, interest and penalties and possible criminal prosecution.

Signature of dealer or officer of company

Title

Date

Return original application to the Ohio Department of Taxation, Motor Fuel Tax Compliance Unit, P.O. Box 530, Columbus, OH 43216-0530. Retain copy for your files. Direct any questions to (855) 466-3921 or fax (206) 350-6722.