



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Revenue  
DIVISION OF TAXATION  
Excise Tax Section  
One Capitol Hill  
Providence, RI 02908-5800

Fax: (401) 574-8914  
Office: (401) 574-8813

**APPLICATION FOR EXPORT PERMIT CERTIFICATE**

Application is hereby made for registration as an Exporter of Motor Fuels from the State of Rhode Island in accordance with the provisions of Chapter 36 of Title 31, General Laws, 1956, as amended.

Name of Applicant \_\_\_\_\_  
(name of business, corporation, or owner license is to be issued to)

Home office address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

State if Individual or Partnership \_\_\_\_\_

Name & address of each owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State where incorporated \_\_\_\_\_

If corporation, provide names & addresses of officers (listed below):

OFFICERS	NAME	ADDRESS
President		
Vice President		
Secretary		
Treasurer		

Distribution area with supplier covered in your contract \_\_\_\_\_

Type of motor fuel to be exported \_\_\_\_\_

Estimate of anticipated average monthly gallonage to be exported \_\_\_\_\_

The undersigned hereby certifies that the information stated on this form is true, correct, and complete to the best of his/her knowledge and belief.

Date \_\_\_\_\_

Name \_\_\_\_\_

By \_\_\_\_\_

Official position \_\_\_\_\_