



TENNESSEE DEPARTMENT OF REVENUE
Governmental Agency
Application for Petroleum Tax Exemption Permit

RV-F1403001 (10/19)

Legal Name of Applicant	FEIN
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DBA Name (If different from above) _____

Business Location Address (Physical address only; no P.O. Box)	City	State	ZIP Code
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Mailing Address	City	State	ZIP Code
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Business Telephone Number	Business Fax Number	Business Email Address
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Contact Name	Contact Telephone Number	Contact Email Address
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1. Is this agency a division or unit of another organization?
 Yes No If yes, specify parent organization. _____

2. Is applying agency constituted under an act of the Tennessee legislature?
 Yes No If yes, provide the code section reference which authorizes existing agency, T.C.A. title no. _____

3. Is this agency operated with funds provided by any of the following governments?
 Federal State County Other, specify _____

4. If Revenue is received other than by direct appropriation of grant, identify the source and explain. _____

5. List the geographical areas within which this agency renders service, naming the specific county, city, district, etc.

6. For what purposes will the exempt fuel be used?
 Heating Operating stationary equipment Highway vehicles Non-highway vehicles
 Other uses: _____

7. List locations of all of the agency's fuel storage tanks. Show "N/A" if not applicable.
 Number and Street _____ City _____ County _____
 Number and Street _____ City _____ County _____
 Number and Street _____ City _____ County _____

8. Are any of the agency's storage facilities leased? Yes No If yes, name of lessor _____

9. Will control of the fuel dispensed from storage facilities be handled by this agency? Yes No
 If no, by whom? _____

10. Will there be any fuel dispensed into vehicles from storage facilities other than those owned or leased by this agency?
 Yes No If yes, explain _____

11. Will all owned and leased equipment be operated solely by governmental employees? Yes No If no, explain. _____

12. Who presently supplies fuel to this agency? Name of Supplier: _____
 Fleet Card Credit Card Address: _____

13. List one or more officials for contact by the Department of Revenue.

Name _____ Title _____ Telephone _____
Name _____ Title _____ Telephone _____

Under penalties of perjury, I declare that the statements in this application are true and correct to the best of my knowledge and belief. This application applies only to the specified business and location listed hereon.

Signature Official Title Date

INSTRUCTIONS: Governmental Agency Application for Petroleum Tax Exemption Permit

Tenn. Code Ann. § 67-3-401 exempts a governmental agency from the taxes imposed under Tenn. Code Ann. § 67-3-201 through Tenn. Code Ann. § 67-3-206 if the governmental agency holds an active exemption permit with the Department of Revenue.

Complete all questions on the application. Incomplete applications will not be processed.

If you are a rescue squad, please attach copies of your charter for a non-profit corporation and your membership in the Tennessee Association of Rescue Squads. If you are a volunteer fire department, please attach a copy of your non-profit corporation charter.

Application may be submitted online at <https://tntap.tn.gov/eservices> or mailed to:

Tennessee Department of Revenue
500 Deaderick Street
Nashville, TN 37242