

Liquid Fuels and Fuels Tax Locations Listing

Attach to application(REV-1338)

Distributor's Name _____ FEIN/SSN _____

| Location Address: (Provide County) | Location: (O) Owned (L) Leased | Location: W = Wholesale R = Retail | Fuel Type: L = Liq. Fuels F = Fuels O = Other | Tank Cap.: (Gallons) |
|------------------------------------|---|---|---|-------------------------|
| | <input type="checkbox"/> Owned <input type="checkbox"/> Leased | <input type="checkbox"/> = Wholesale <input type="checkbox"/> = Retail <input type="checkbox"/> = ✓ if Key/Card | <input type="checkbox"/> = Liq. Fuels <input type="checkbox"/> = Fuels <input type="checkbox"/> = Other | _____ |
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Duplicate this form as necessary to complete listing.

In accordance with the Federal Privacy Act, the social security/employer identification number(s) herein requested is required pursuant to (75 Pa.C.S. § 9003(b)), and will be used to establish distributor identity and perform inter-jurisdiction accounting. Such numbers may be divulged for official purposes.