



**Motor
Vehicle
Division**

Mail Drop 521M
Motor Carrier Partnerships
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001

**OFF-HIGHWAY / REEFER USE FUEL
REFUND REQUEST**

96-0168 R04/00

		Refund Period Beginning Date	Refund Period Ending Date	
Claimant Name		Phone	License Number	
Mailing Address	City	State	Zip	

All requests must be completed in full and mailed to the address above.

Use Fuel is defined as all liquid fuels, including diesel and kerosene, that are used or suitable for use to propel vehicles, except motor vehicle fuel (gasoline).

All refund requests by an unlicensed entity or person must be submitted within 6 months from the date the fuel was purchased. An entity or person licensed as a supplier, an IFTA carrier, a restricted distributor or a use fuel vendor has 3 years to submit a request. No more than one request for less than \$50 may be submitted in any 6 month period. Claims for less than \$10 will not be accepted. Requests \$50 and over may be submitted as often as needed.

Use Class Vehicles - Off-Highway	Gallons Claimed		
Use Class Vehicles - Reefer	Gallons Claimed		
Use Class Vehicles - Total	Total Gallons Claimed	Tax Rate x \$0.26	Refund Amount \$

Light Class or Exempt Use Class - Off-Highway	Gallons Claimed		
Light Class or Exempt Use Class - Reefer	Gallons Claimed		
Light Class or Exempt Use Class - Total	Total Gallons Claimed	Tax Rate x \$0.18	Refund Amount \$

Total Refund Due \$

An equipment list must be attached with the initial request for refund. Any subsequent additions or deletions must be noted below or on a separate attached list. List is attached

	Equipment (Year, Make, Model)	Equipment Serial Number	Fuel Tank Capacity (Gallons)
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change			
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change			
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change			
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change			

I certify that I paid the tax on all of the gallons claimed above; that the original, unaltered invoices attached are for fuel purchased for and used off highway, and that I will maintain supporting documents for 3 years.

Preparer Name	Title	
Preparer Signature	Date	
Authorized Signature	Phone Number ()	Date

Entered By	Reviewed By	Claim Number
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