

APPLICATION FOR FUEL EXEMPTION NUMBER

Read instructions on reverse before completing this form.

SECTION I: OWNERSHIP AND BUSINESS INFORMATION	FOR BOE USE ONLY			
1. TYPE OF OWNERSHIP (check one) <input type="checkbox"/> Sole Owner <input type="checkbox"/> Married Co-ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> General Partnership <input type="checkbox"/> Unincorporated Business Trust <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Registered Domestic Partnership <input type="checkbox"/> Other _____	TAX	IND	OFFICE	ACCOUNT NUMBER
	SJ			
	NAICS CODE	BUS. CODE		AREA CODE
		85		
	PROCESSED BY	CERTIFICATE ISSUE DATE (mm/dd/yy)	REPORTING BASIS X STARTING DATE (mm/dd/yy)	
2. NAME OF SOLE OWNER, MARRIED CO-OWNERSHIP, REGISTERED DOMESTIC PARTNERSHIP, CORPORATION, LLP, PARTNERSHIP OR TRUST				
3. COUNTRY/STATE OF INCORPORATION OR ORGANIZATION				
4. NAME OF PURCHASING CARRIER			5. DATE PURCHASES WILL BEGIN (mm/dd/yy)	
6. NATURE OF BUSINESS <input type="checkbox"/> Air Common Carrier <input type="checkbox"/> Water Common Carrier				
7. BUSINESS ADDRESS (street, city, state/country, zip code)			8. EMAIL ADDRESS	
9. MAILING ADDRESS (street, city, state/country, zip code, if different from business address)				

SECTION II: AGENT INFORMATION	
10. NAME OF AGENT IF APPLICABLE (submit copy of authorization with this application)	11. AGENT'S BUSINESS PHONE NUMBER
12. AGENT'S BUSINESS ADDRESS (street, city, state/country, zip code)	13. AGENT'S EMAIL ADDRESS
14. AGENT'S MAILING ADDRESS (street, city, state/country, zip code, if different from business address)	

FILING INSTRUCTIONS

You will be required to file returns when (1) you are notified by the Board of Equalization (BOE) to do so, or (2) when you incur a sales or use tax liability based on consumption of fuel erroneously claimed as exempt from sales or use tax at the time of purchase.

CERTIFICATION

I am duly authorized to sign this application and certify the statements made are correct to the best of my knowledge and belief.

NAME (type or print)	SIGNATURE
BUSINESS PHONE	DATE (mm/dd/yy)
TITLE	

FOR BOE USE ONLY

FURNISHED TO TAXPAYER
 BOE-519 Reg. 1621 Reg. 1667 Reg. 1702.5 Other _____
 REMARKS

INSTRUCTIONS

Section I – Ownership and Business Information – All Applicants:

(Items 1-9) You must provide the information requested for each type of owner. The purchasing carrier (vessel name, if applicable and if known) should be entered. The date fuel is first delivered to the vessel aircraft should also be entered.

Section II – Agent Information:

(Items 10-14) If an agent is applying for the Fuel Exemption on behalf of the owner, the agent must submit a copy of the authorization at the time of application. All agent information is required.

Filing Instructions:

If returns are required, the BOE will send you information as stated.

Certification:

All applicants must sign this form. Authorized agents signing this form will be required to show proper identification.

Send Your Application for Processing:

Send or take your application to the district office nearest you. Unless otherwise noted, all offices are open from 8:00 a.m. to 5:00 p.m., Monday-Friday, Pacific time, except state holidays. If you have any questions, please call our Taxpayer Information Section at 800-400-7115 (TDD/TTY: 800-735-2929). If you are calling outside of the 48 contiguous states, please call 916-445-6362.