RESET

WASHINGTON STATE DEPARTMENT OF LICENSING

# Special Fuel Refund Claim
# Licensed Special Fuel Distributors



(Fire Departments, City, County, State Road Construction and Maintenance Departments, City and County Transit Systems, Federal Government Agencies)

**Special Fuel Distributor Name** _____

**Special Fuel Distributor License No.** _____

**Fuel Tax Refund Permit Number**

**REFUND CLAIM PERIOD FROM** _____ **TO** _____

I hereby certify that I have paid the special fuel tax to my supplier and that this fuel was sold without the special fuel tax to the following accounts. Further, the special fuel covered by this claim does not contain any visible evidence of dye.

| Name (please print) | Sales Tax Charged (PLEASE CHECK) | | Number of Gallons (Attach Invoices) | Refund Amount |
|---|---|---|---|---|
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| | YES ☐ | NO ☐ | | |
| **TOTAL** | | | 0 | 0.00 |

SIGNATURE _____ DATE _____

PRINT NAME _____ PHONE ( ) _____

FT-441-776 (R/07/06)W

*The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.*