FLORIDA DEPARTMENT OF REVENUE

Application for Fuel Tax Refund Permit

Application for year ending December 31, 20___

DR-185
R. 01/16
TC
Rule 12B-5.150
Florida Administrative Code
Effective 01/16

Business name:	Owner's name:
Mailing address:	City, State, ZIP:
Location address (other than above):	City, State, ZIP:
Business telephone number (include area code):	Fax number including area code (optional):
Federal Employer Identification Number (FEIN) or Social Security Number:	Email address:

Indicate Type of Permit Requested:

- ❑ **Municipality** (see section (s.) 206.41(4)(d), Florida Statutes (F.S.))
- ❑ **Farmer** (see s. 206.41(4)(c)2., F.S.) The taxes paid on motor fuel placed in licensed and/or registered vehicles do not qualify for a refund.
- ❑ **Mass Transit System** (as defined in s. 206.86(10), F.S., see 206.41(4)(b), F.S.) A contract defining the activity, period, and expiration date must be included with the DR-185.
- ❑ **School District** (see s. 206.41(4)(e), F.S.)
- ❑ **Commercial Fishing** (as defined in s. 206.41(4)(c)3., F.S.) The taxes paid on motor fuel used for sport and/or pleasure fishing do not qualify for a refund.
- ❑ **County** (see s. 206.41(4)(d), F.S.)
- ❑ **Private Schools** (as defined in s. 1002.01(2), F.S., see s. 206.41(4)(e), F.S.)
- ❑ **Commercial Aviation Purposes** (as defined in s. 206.41(4)(c)4, F.S.)

Indicate Type(s) of Fuel Used:

❑ Motor Fuel ❑ Diesel Fuel ❑ Alternative Fuel

Have you been convicted of bribery, theft, or false swearing within the last five years? ❑ Yes ❑ No

I hereby attest that all information provided hereon is true and correct.

Signature of Applicant or Authorized Agent | Title | Date

Mail application to:

Florida Department of Revenue
Account Management Fuel Unit
P.O. Box 6480
Tallahassee, FL 32314-6480
(800) 352-3671

NO FEE REQUIRED WITH THIS APPLICATION

1. Permits shall be effective for the calendar year issued by the Florida Department of Revenue, and shall be continuous, so long as the permit holder files refund claims during the calendar year.
2. Suppliers sales invoices are required to support the claim for refund.
3. No refund may be authorized unless a sworn or affirmed application is filed with the department no later than the last day of the month following the quarter for which the refund is claimed.
4. Permits are not transferable, except to the executor or administrator of a deceased permit holder.
5. The Florida Department of Revenue will require a corporate surety bond of $1,000 with an Application For Refund Permit for any person who violates an applicable provision of Section 206.41, F.S., or is convicted of bribery, theft, or false swearing within the preceding five years, or if the department has evidence of the applicant's financial irresponsibility.

For Official Use Only				
Permit Number	Date Approved	Effective Date	Year End	Exam Initials

Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at **www.floridarevenue.com** and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.