

**MOTOR FUEL LOSSES CAUSED BY
 FIRE, THEFT, ACCIDENT OR
 CONTAMINATION
 REFUND APPLICATION**

- Complete online or in black ink
- Mail to the address above

Refund Period Beginning Date	Refund Period End Date	ADOT Account Number	Federal EIN	Refund Account Number G -
Applicant Name			Business Phone ()	
Doing Business As (DBA)				
Refund Mailing Address		<input type="checkbox"/> Check if changed	City	State Zip
Contact Person Name		Contact Person Phone ()	Contact email	

All of the following completed, legible documents must be submitted with this application. For alternate documents contact the Fuel Tax Refund Compliance Unit at 602-712-8727.

- Signed statements from persons with personal knowledge regarding the facts and circumstances of the loss, including:
 - Date of loss or contamination,
 - Location where the loss or contamination occurred,
 - Detailed explanation regarding the nature of the loss or contamination,
 - Name and contact information of persons who witnessed loss or contamination,
 - Quantity of fuel lost or contaminated, and
 - Disposition of the contaminated motor fuel.
- Copies of records that substantiate the date of acquisition and quantity acquired of the fuel lost as well as the fact the Arizona motor fuel tax was paid by the Claimant when the fuel was acquired.

	<i>ADOT Use</i>	Gallons Claimed	Tax Rate	Refund Amount
Motor Vehicle Fuel (MVF)	<i>EG</i>		x \$0.18	
Use Fuel (UF)	<i>EH</i>		x \$0.26	
Aviation Fuel (AV)	<i>EA</i>		x \$0.05	
Total Refund Due				

I certify that the Arizona taxes have been paid on all of the gallons claimed above and that no insurance claim has been submitted for these gallons.

Printed Name	Title		
Signature (must be original, wet signature)	Date		

Must be signed by licensee or authorized officer of the business. All other signatures require a notarized power of attorney.

ADOT Use

Compliance	Reviewer	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date	Postmark Date
Comments				
		Entered By	Claim Number	