

**INSTRUCTIONS FOR
DISTRIBUTOR/WHOLESALER/JOBBER APPLICATION – MOTOR FUEL TESTING FEE
FORM NO. RFQ-801**

SECTION A

1. TYPE OF APPLICATION

Check the box that identifies the application type. A new business application is an application for a business that has not held a TDA registration or is a recently established business. A change of ownership application is an application where a business has been acquired from a previous owner or is an established business changing type (see below). If the most recent license account number is known please indicate in space provided.

2. BUSINESS TYPE

Check the box that identifies your type of business. Once submitted, this information cannot be changed. If you have to change your business type, a new application will be required.

3. CLIENT INFORMATION

This information will be used to generate your registration. Enter the full legal business name as it is registered. If applicable, also enter a Doing-Business-As (DBA) name. For in-state businesses (except sole proprietors), a Comptroller Taxpayer ID is required. For out-of-state business (except sole proprietors), a Federal ID is required.

SECTION B

1. RESPONSIBLE PERSON INSTRUCTIONS (see form)

2. RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER

Indicate name of person responsible for the business. Enter contact information.

3. RESPONSIBLE PERSON MAILING ADDRESS

Enter mailing address for indicated responsible person. If a web address is available for company please provide (optional).

NOTE: The Person to Contact, named by the business in Section C of this form, is the preferred signatory of this application. That person may be the Responsible Person.

SECTION C

1. PERSON TO CONTACT FOR REGISTRATION-RELATED MATTERS

Enter the name of a designated person, along with that person's contact information, who can discuss and answer questions about license-related issues.

NOTE: The Person to Contact, named by the business, is the preferred signatory of this application. That person may be the Responsible Person.

All correspondence, licenses and other documents will be sent to the Person to Contact at the mailing address listed below. If an e-mail address is listed, and e-mail is indicated as the preferred contact method, correspondence will be sent via e-mail.

In addition, the contact employee will receive, through regular mail, a login ID and password to access TDA's internet website. The contact employee will then be able to conduct business related to their assigned license(s) online, including viewing their licenses, making changes to their company information and renewing their licenses. A business can appoint one contact person to manage online all of the company's licenses.

2. MAILING ADDRESS

Enter the address at which the Person to Contact receives general correspondence.

SECTION D

1. FACILITY INFORMATION

Enter name of the facility to whom license will be issued.

2. PHYSICAL ADDRESS OF LOCATION

Enter the actual physical street address of the location, including directions to this location if the address is difficult to locate. Please do not enter a P.O. Box. This information will assist TDA inspectors in locating your business in the event that an inspection is needed.

SECTION E

1. OUT-OF-STATE APPLICANTS ONLY

Check either the Texas Secretary of State or the "Other" box and enter the resident agent's contact information. Only fill out the Resident Agent contact information if the Texas Secretary of State box is not checked. If the address provided in section A is out of state, agent information is required before a registration can be issued.

SECTION F

1. DISTRIBUTOR/WHOLESALER/JOBBER – MOTOR FUEL TESTING FEE

Motor Fuel Testing Fee is \$40.00.

A Distributor/Wholesaler/Jobber – Motor Fuel Testing Fee registration is valid for a period of one year.

SECTION G

NOTE: Texas Department of Agriculture accepts only checks, cashier's checks or money orders.

1. PAYMENT

Check method of payment. Enter check number or money order number. Enter amount remitted.

Please remit to: Texas Department of Agriculture, P.O. Box 12076, Austin, TX. 78711-2076.

SECTION H

1. SIGNATURE

After reading the summary, print and sign your name, and date the form. Your signature here indicates that you have read the summary and that you are aware of your responsibilities regarding the issuance of the requested registration.

SECTION I

Please note that an incomplete application may result in processing delays.

1. CHECKLIST

Check all boxes to verify you have completed the application process and attached/enclosed the necessary items (e.g., payment and applications).