



Montana Department of Transportation
Administration Division

Fuel Tax Section

PO Box 201001
Helena MT 59620-1001
Phone: (406)444-7276 Fax: (406)444-5411 TTY: (406)444-7696
www.mdt.mt.gov

Do Not Write in this Space

Application for Compressed Natural Gas Dealer

Instructions:

Complete this form and attach copies of certified financial statements for the last two fiscal years. Newly established companies must attach letter(s) from banks or other financial institutions providing credit references for a new company. Print or type all information and attach extra sheets if necessary.

Application is hereby made for a Compress Natural Gas Dealers License in the state of Montana. This is to comply with Sec. 15-70-703 MCA.

Form with fields: Name of Applicant (print Last, First, Middle), Telephone Number, Fax Number, Date of Application, Trade Name, Mailing address (Street and Number), City/Town, State/Country, Zip Code, Location Address (Street and Number), City/Town, State/Country, Zip Code, Federal Employee Identification Number, Date Registered with Montana Sec. Of State, Registered Agent, Est # if Gallons of CNG sold in MT per month

If Proprietorship-Provide the following information

Form with fields: Date Started, Social Security Number, Full Name, Birthdate, Home Address (Street and Number), City/Town, State/Country, Zip Code

If a Partnership - Provide the following information

Table with 5 columns: Partner Names, Social Security #, Title, Birthdate, % Owned

If a Corporation - Provide the Following Information

Table with 5 columns: Partner Names, Social Security #, Title, Birthdate, % Owned

Form with fields: State or County Where Incorporated, Date Incorporated, Corporation Number

Note: On a separate Sheet of paper, list the names of stockholders holding 10% or more of the outstanding shares of stock in the corporation.

List any Affiliates - Wholly Owned Subsidiaries - Parent Company, etc. (Name and Location)

Table with 2 columns: Name and Location

By cooperative agreement, the Montana Department of Transportation exchanges fuel tax information with other collecting agencies. Alternative accessible formats of this document will be provided on request.

List all your Suppliers of Compressed Natural Gas and their Location

List all Bulk Plant and Terminal Storage Facilities where Compressed Natural Gas will be stored

Location	Bulk or Terminal	Owned or Leased	Operator	Total Tank Capacity

Address where Records will be Maintained

Address	City/Town	State/Country	Zip Code
---------	-----------	---------------	----------

Person Responsible for Filing required Monthly Reports

Name (Last, First, Middle)	Email Address	Telephone Number ()
----------------------------	---------------	-------------------------

****Notice****

A licensed Montana Compressed Natural Gas Dealer is required to keep and maintain, for a period of three years, a complete record of CNG sold and distributed within Montana. Sec. 15-70-712 MCA

An applicant may be required to provide additional information, including, but not limited to, copies of federal income tax returns and federal excise tax returns for the past three years for individuals, partnerships, corporations, including the returns of officers and partners. An applicant may be required to provide a current credit report. Sec. 15-70-703 MCA

The Montana Department of Transportation reserves the right to investigate all applicants prior to issuance of a Compressed Natural Gas dealers license in Montana. Sec 15-70-703 MCA

The undersigned applicant hereby authorizes full disclosure of any and all information which the Montana Department of Transportation may request from agencies in other jurisdictions, agencies of the federal government, foreign countries, petroleum suppliers, lending institutions and other entities with which you transact business, and further agrees to hold harmless these providers of information.

The undersigned applicant hereby further agrees that the Montana Department of Transportation may share any and all information, obtained in its investigation, contained in this application as well as any information contained in tax reports subsequently filed by the applicant, with agencies in other jurisdictions, agencies of the federal government and foreign countries having regulatory or taxing authority.

The undersigned applicant certifies that all information contained in this application is true and accurate. This certification is given with the understanding that it is a crime, under Sec. 15-70-336 MCA, to certify the truth of a statement knowing that the statement is not true. Such a crime is punishable by jail sentence of up to 6 months or a fine of up to \$2,000 or both.

Name of Applicant (Printed)	Signature of Applicant X	Date Signed
Official Holding Proper Authority (Print Name and Title)		
Signature of Official X	Date Signed	