



STATE OF MAINE
MAINE REVENUE SERVICES
24 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0024

ADMINISTRATIVE & FINANCIAL SERVICES

H. SAWIN MILLETT, JR.
COMMISSIONER

MAINE REVENUE SERVICES

JEROME D. GERARD
ACTING EXECUTIVE DIRECTOR

SPECIAL FUEL SUPPLIER CHANGE OF STATUS FORM

Company Name _____

EIN or SSN - _____

Account Number _____

Address _____

Name (Printed) _____

Title _____

Signature _____

Date _____

Telephone Number _____

I wish to terminate my Licensed Special Fuel Supplier status as of _____, 20__.

Termination of this license means I may no longer import, export, produce, refine, manufacture, compound, or purchase distillates within the State for resale to others in bulk.

I understand that I am responsible to immediately notify my Supplier(s) of this termination.

I wish to change my filing status from Licensed Special Fuel Supplier to Registered Special Fuel Supplier. The effective date of this change is , 20 .

(Complete and return the questionnaire on page 2 with this form.)

I understand that I am responsible to immediately notify my Supplier(s) of this change