



APPLICATION FOR FUEL TAX REFUND PERMIT ACCOUNT

Fuel Tax Section
Refund Unit
P.O. Box 9228
Olympia, WA 98507-9228
(360) 664-1838
Fax Number (360) 570-7843

Please Print

Gas Diesel Aircraft

1.	Applicant's Name	(Invoices must be in exact name of applicant)		
2.	Mailing Address	City	State	Zip Code
2a.	Physical Address (If different from mailing address)			
3.	Contact Name	E-mail Address		
4.	Daytime Telephone Number ()	Fax Number ()		
5.	Boater's Washington Registration Number WN-	(Please submit a copy of out-of-state registration form)		
6.	Description of fuel usage: _____			

Please retain a copy of this application for your records.

I understand and agree to the record keeping requirements for this refund claim permit. I certify under penalty of perjury that this application is true, correct, and complete to the best of my knowledge.

NAME - (PLEASE PRINT)	TITLE - OWNER, PARTNER, CORPORATE OFFICER (IF NOT, ATTACH POWER OF ATTORNEY)	DATE
SIGNATURE		

OFFICE USE ONLY

Refund Permit Number	Issue Date	Initials	Comments