



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MOTOR FUEL METERING AND QUALITY FUEL QUALITY SUPPLIER SUBMISSION INSTRUCTIONS

KEEP A COPY OF YOUR COMPLETED FUEL QUALITY SUBMISSION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER PAYABLE TO TDLR.

1. **SUBMISSION TYPE** – Check the box that identifies the submission type.
 - “New Business” is for an initial Fuel Quality Submission.
 - “Change of Ownership” is for a business that has been transferred or acquired from a previous owner, or a business changing its federal tax identification number. Indicate the date of the change of ownership, and if known, the most recent certificate number.
2. **BUSINESS NAME** – Provide the full legal business name as it is registered with the Texas Secretary of State.
3. **DOING BUSINESS AS (DBA)** – Provide all DBAs used by the business submitting this Fuel Quality Submission (if applicable).
4. **FACILITY PHYSICAL LOCATION** – Provide the physical street address of the facility location. Post office boxes will not be accepted. This information will assist the Texas Department of Licensing and Regulation (TDLR) staff in locating your business, if necessary.
NOTE: A separate Fuel Quality Submission is required for each facility location.
5. **FACILITY PHONE NUMBER** – Provide a telephone number for the facility, including the area code.
6. **BUSINESS TYPE** – Check the box that indicates how your business is organized.
7. **FEDERAL EMPLOYER ID NUMBER** – Provide the Federal Employer ID number that is used by your business. Information about Federal Employer ID numbers can be found by contacting the [Internal Revenue Services](#).
 - **SOLE PROPRIETORS** – Social Security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license. Your Social Security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#) or call (512) 460-6000 or (800) 252-8014.
8. **POINT OF CONTACT** – Provide the name, title, and contact information for the person who will be the point of contact for the business and can discuss and answer questions about registration related matters. Renewal invoices and account information, including correspondence, registration certificates, and other related documents, will be sent to the current contact information listed for the Point of Contact.
 - **EMAIL ADDRESS** – By providing the point of contact’s email address, TDLR is authorized to send communications and required notices by electronic mail. To continue receiving notices, this email address must be updated, if applicable. This authorization may be revoked in writing. The email address provided will remain confidential except as permitted or required by law.
 - **PHONE NUMBER** – Provide the Point of Contact’s telephone number, including the area code.
 - **MAILING ADDRESS** – Provide the Point of Contact’s mailing address. The mailing address provided is where we will send mail related to this Fuel Quality Submission. A post office box can be used.
9. **RESPONSIBLE PARTY’S CONTACT INFORMATION** – Provide the name, title, and contact information for the person responsible for the business. The responsible party may include but is not limited to an officer, partner, manager, or owner of the business.
 - **EMAIL ADDRESS** – By providing the responsible party’s email address, TDLR is authorized to send communications and required notices by electronic mail. To continue receiving notices, this email address must be updated, if applicable. This authorization may be revoked in writing. The email address provided will remain confidential except as permitted or required by law.
 - **PHONE NUMBER** – Provide the responsible party’s telephone number, including the area code.
 - **MAILING ADDRESS** – Provide the mailing address for the responsible party. A post office box can be used.

10. FEE – The Fuel Quality Submission fee is \$2600 per facility location. All fees are non-refundable. A Certificate of Compliance is valid for two years and will be issued after receipt of a completed Fuel Quality Submission and fee.
11. ACKNOWLEDGMENT – After reading the statement, print your name and date the form. By providing your name, you acknowledge that you have read the statement and that you are aware of your responsibilities regarding the information contained in the Fuel Quality Submission.

SEND YOUR COMPLETED FUEL QUALITY SUBMISSION AND FEE TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Your Fuel Quality Submission will not be returned. Keep a copy of your completed Fuel Quality Submission and your check or money order payable to TDLR. Do not send cash.

For additional information about the Motor Fuel Metering and Quality Program, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in-state only) or (512) 463-6599; Relay Texas - TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

FUEL QUALITY SUBMISSION FEES ARE NON-REFUNDABLE

1. Submission Type: (Check the box that identifies the submission type)

New Business:

Change of Ownership: Previous Certificate Number:

Date of Change:

MM/DD/YYYY

2. Business Name:

Full legal name of the business (owner's name if sole proprietor - no aliases)

3. Doing Business As (DBA) Name:

4. Facility Physical Location: (Do not use a post office box)

P.O. Box, Number, Street Name, Suite Number/Apartment Number

City

State

Zip Code

5. Facility Phone Number:

(Area Code) Phone Number

6. Business Type:

Corporation

Limited Liability Co.

Limited Partnership

Sole Proprietorship

General Partnership

7. Federal Employer ID Number:

(Social Security Number if Sole Proprietorship)

8. POINT OF CONTACT

Name:

Last, First, Middle Name, Suffix (Jr., Sr., III)

Title:

Point of Contact's Job Title

Email Address:

See instruction sheet for disclosure information

Phone Number:

(Area Code) Phone Number

Point of Contact Mailing Address: (This is the address where we will send mail related to this Fuel Quality Submission)

P.O. Box, Number, Street Name, Suite Number/Apartment Number

City

State

Zip Code + 4

