



Indiana Department of Revenue  
**Cancellation of Fuel License**

**Mailing/Contact Information:**  
Indiana Department of Revenue  
P.O. Box 6080  
Indianapolis, IN 46206  
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Legal Name		Federal Employer Identification Number (FEIN) or License Number/Tax Identification Number (TID)	
DBA Name			
Street Address			
City		State	ZIP Code
Telephone Number		Email Address	

**Please check the box for each license/permit you would like to cancel.**

Check Box	License / Permit Type	Effective Date of Cancellation
<input type="checkbox"/>	Aviation Fuel Dealer / Exemption Permit	
<input type="checkbox"/>	Aviation Fuel Excise Tax	
<input type="checkbox"/>	Dyed Fuel User	
<input type="checkbox"/>	Gasoline Distributor	
<input type="checkbox"/>	Gasoline Transporter	
<input type="checkbox"/>	Gasoline Use Tax	
<input type="checkbox"/>	Marina Fuel Dealer / Exemption Permit	
<input type="checkbox"/>	Oil Inspection Fee Distributor	
<input type="checkbox"/>	Petroleum Severance Reporter	
<input type="checkbox"/>	Propane Dealer	
<input type="checkbox"/>	Special Fuel Blender	
<input type="checkbox"/>	Special Fuel Eligible Purchaser	
<input type="checkbox"/>	Special Fuel Exporter	
<input type="checkbox"/>	Special Fuel Importer	
<input type="checkbox"/>	Special Fuel Permissive Supplier	
<input type="checkbox"/>	Special Fuel Supplier	
<input type="checkbox"/>	Special Fuel Terminal Operator	
<input type="checkbox"/>	Special Fuel Transporter	

I have notified the bond/surety company that any associated bonds should be cancelled.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date