



DEPARTMENT OF MOTOR VEHICLES
MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711 fax (775) 684-4619
www.dmvnv.com

BIODIESEL PRODUCER / USER MONTHLY REPORT
Report Summary for Report Period: _____

PLEASE PRINT OR TYPE

Name and Location Address:

Account No. _____

MUST BE FILED BY THE LAST DAY OF EVERY MONTH
FOR TRANSACTIONS OCCURRING IN THE PRECEDING MONTH

Table with 3 columns: DATE OF PRODUCTION, TYPE OF FUEL PRODUCED AND/OR USED, GROSS GALLONS. Includes rows for TOTAL GALLONS, FY 09 CLEAN UP FEE, STATE GROSS TAX RATE, and TOTAL TAX DUE.

Sign below and remit to: Department of Motor Vehicles
Motor Carrier Division
555 Wright Way
Carson City, NV 89711-0600

Under penalties of perjury, I declare that I have examined this remittance report, and to the best of my knowledge and belief, it is true, correct, and complete.

Authorized Signature

Telephone Number

Date

Printed Name of Signer

Email Address