

**NEVADA DMV MOTOR CARRIER DIVISION  
MOTOR VEHICLE FUEL (DIESEL) TAX REFUND REQUEST  
FARMER AND/OR RANCHER**

Account No. \_\_\_\_\_

Name of Claimant \_\_\_\_\_

Street Address or P. O. Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

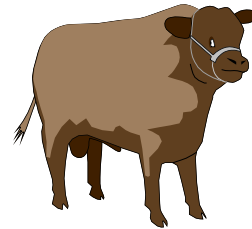
(    ) **CHECK HERE IF YOU HAVE A NEW ADDRESS**

**GENERAL INSTRUCTIONS AND INFORMATION**

1. Bulk purchases means purchases in **excess of 50 gallons** of diesel. (Do not include gasoline fuel.)
2. Any person determined by the Department to be a bona fide farmer or rancher not engaged in other activities which would distort highway usage may claim a refund on the basis of 80 percent of bulk purchases without the necessity of maintaining records. A farmer or rancher wishing to claim a refund must first secure a permit from the NEVADA DMV MOTOR CARRIER DIVISION
3. **Claims for refund must be submitted within 12 months from the date of the earliest invoice and must be for bulk purchases that total of a minimum of 200 gallons. Name on invoice must match name on Diesel Tax Refund Account.**
5. List invoices below and attach them to this claim.
6. Send this application, properly signed, with invoices attached to: **Nevada DMV Motor Carrier Division, 555 Wright Way, Carson City, Nevada 89711.**

INVOICE NUMBER	INVOICE DATE	NUMBER OF GALLONS PURCHASED	INVOICE NUMBER	INVOICE DATE	NUMBER OF GALLONS PURCHASED	INVOICE NUMBER	INVOICE DATE	NUMBER OF GALLONS PURCHASED

<b>Use whole gallons only</b>	.2646 CENTS (STATE)
Total gallons purchased (Diesel)	
Less 20 percent for highway use	
Total gallons claimed for refund minimum 200 gallons	
Rate of refund	
Refund amount	



County in which diesel was TAXED \_\_\_\_\_

**NOTE: Submit a separate claim for each county in which you purchased fuel for which you are claiming a refund.**

I, the undersigned, certify the fuel claimed for refund as stated above, and documented by the attached invoices, was purchased and used in a farm or ranch operation, not more than 20 percent was used on public roads or highways, the dates shown on the invoices are true and correct, and I am entitled to a refund under the provisions of NRS 366.

Claimant or Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Federal Identification or Social Security Number: \_\_\_\_\_ (    ) Check here if you need more forms