

CALIFORNIA STATE BOARD OF EQUALIZATION  
**FUEL TAX EXEMPTION CERTIFICATE  
FOR DIESEL FUEL AND MOTOR VEHICLE FUEL  
TRAIN OPERATORS**

SECTIONS 60106 AND 7403, REVENUE AND TAXATION CODE

*If you need additional information, please contact the State Board of Equalization, Special Taxes and Fees, P.O. Box 942879, Sacramento, CA 94279-0088. You may also visit the BOE website at [www.boe.ca.gov](http://www.boe.ca.gov) or call the Taxpayer Information Section at 800-400-7115 (TTY: 711); from the main menu, select the option Special Taxes and Fees. Customer service representatives are available weekdays from 8:00 a.m. to 5:00 p.m. Pacific time, except state holidays.*

CERTIFICATE NUMBER

EFFECTIVE DATE

SELLER NAME

ADDRESS *(street, city, state, zip code)*

SUPPLIER LICENSE NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

**I, the undersigned, certify that, to the best of my knowledge, the information I have provided on this form is true and correct; that all diesel fuel and/or motor vehicle fuel purchased under this certificate is for operation of a train powered by diesel fuel or motor vehicle fuel, as defined in Revenue and Taxation Code sections 60042 and 7342, or for other tax-exempt use; and that I am the purchaser or authorized to sign this certificate as an agent of the purchaser.**

**By signing this certificate I acknowledge my understanding that if any diesel fuel or motor vehicle fuel purchased with this certificate is sold or otherwise used in a taxable manner, I am required to report and pay the diesel fuel or motor vehicle fuel taxes on this fuel promptly at the time of sale or use. I also understand that the law provides civil and criminal penalties for fraudulent use of this certificate.**

PURCHASER NAME *(print full name)*

TITLE

SIGNATURE

DATE

COMPANY NAME

EMAIL ADDRESS

BUSINESS ADDRESS *(street, city, state, zip code)*

TRAIN OPERATOR LICENSE NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

**PT MT 05-**