



State of New Jersey

Send to:
Division of Taxation
 PO Box 189
 Trenton, NJ 08695-0189

Pursuant to NJSA 54:39-101 et seq
 10-2010

Form DMF-5 Application for Change of Designation

Licensee Information		
Name		Tax ID Number
Address		
Contact person	Phone Number	Position

Change Desired	
Current Designation(s)	Desired Designation(s)
<input type="checkbox"/> AvFuel Dealer	<input type="checkbox"/> AvFuel Dealer
<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Wholesaler
<input type="checkbox"/> Importer	<input type="checkbox"/> Importer
<input type="checkbox"/> Exporter	<input type="checkbox"/> Exporter
<input type="checkbox"/> Blender	<input type="checkbox"/> Blender

Attach a list of potential customers including their names, address, points of delivery, tax ID numbers, and the products to be sold to each. Also attach a list of suppliers, including their names, pick up locations, tax ID numbers, and the products to be purchased from each.

Affirmation

By signing, the signatory affirms that the information on this form, including the attachments, is accurate and complete. Incomplete or inaccurate information is grounds for denying this application and can give cause to investigate the legitimacy of all licenses the applicant holds.

Signature of Owner or Corporate Officer

Printed name of signatory

Title

Date Signed