

TEXAS END USER SIGNED STATEMENT FOR PURCHASING TAX-FREE DYED DIESEL FUEL

Selling supplier or distributor: Southern Loggers Cooperative

Address: 1152 Expressway Drive
Pineville, La 71360

Purchasing entity name	End user signed statement number
Address	Beginning effective date
	Taxpayer number

If the purchaser is a division of a corporation, give the name and address of the parent corporation, not the division DBA name.

Parent corporation name: _____

Address: _____

PLEASE READ CAREFULLY BEFORE SIGNING

- | | | |
|--|------------------------------|-----------------------------|
| 1. Will you use any of this diesel fuel in a motor vehicle on public highways, streets or roads? | ☐ YES | ☐ NO |
| 2. Will you resell any of this diesel fuel? | ☐ YES | ☐ NO |
| 3. Will you purchase more than 10,000 gallons per month? | ☐ YES | ☐ NO |

If any answer is "YES," you may not legally sign this statement.

EXCEPTION: A purchaser using an End User Signed Statement Number to purchase dyed diesel fuel for exclusive use in oil or gas production must also furnish a Letter of Exception issued by the Comptroller to authorize the purchase of up to 25,000 gallons per month.

NOTE: THIS IS YOUR MASTER COPY. PLEASE RETAIN IN YOUR FILES AND MAKE COPIES AS NEEDED.

I DECLARE THAT:

- none of the dyed diesel fuel purchased on this signed statement will be used on public highways, streets or roads;
- all of the dyed diesel fuel purchased on this signed statement will be consumed by the purchaser in Texas and will not be resold; and
- none of the dyed diesel fuel purchased on this signed statement will be delivered or permitted to be delivered into the fuel supply tanks of motor vehicles operating on public highways, streets or roads in this state.

I am aware that certain fines and criminal penalties are provided by law for giving a false diesel fuel signed statement.



For information, call (800) 252-1383
 or (512) 463-4600.

Name of purchaser (Type or print) _____

By: _____
 Purchaser or authorized representative (Type or print)

Signature of authorized representative _____

sign here ▶

Date _____