

MARYLAND DEPARTMENT OF THE ENVIRONMENT

P.O. Box 1417 • Baltimore, Maryland 21203-1417

410-537-3442 • 800-633-6101 • <http://www.mde.state.md.us>

Land Management Administration • Oil Control Program

Oil Transfer License Fee Report

ALL STEPS ON THIS FORM MUST BE COMPLETED

Step 1: Name of Licensee: _____ OT Number: 2005-OT-_____

Step 2: Fee Quarter: [] 1st (July/Aug/Sept) [] 2nd (Oct/Nov/Dec) [] 3rd (Jan/Feb/March) [] 4th (April/May/June)
(check one) Due by October 31st Due by January 31st Due by April 30th Due by July 31st

Step 3: Go to the back of this form, and complete all information, prior to entering any information in Step 4.

Step 4: Fee Computation:

A. Enter the "Total Gallons" for each month in the spaces below.

Total Gallons for 1st Month (from back of form): _____
Total Gallons for 2nd Month (from back of form): _____
Total Gallons for 3rd Month (from back of form): _____

B. Sum totals from "A" and enter as Total Gallons for Quarter: []

C. Divide "B" by 42 (to determine number of barrels): _____

D. Multiply "C" by .0575 (to determine fee): \$ _____

E. Deduct approved credit (if applicable): \$ _____

F. Add fees due from previous report (if applicable): \$ _____

G. Total amount of fee due with this report: [\$]
Make check payable to: Maryland Oil Fund

Step 5: Signature and Verification: I certify, under the penalties of perjury, that this report has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

Signature: _____ Date: _____ Telephone: _____

Print Name: _____ Title: _____

Step 6: MAIL REPORT AND PAYMENT TO:

MARYLAND OIL FUND
P.O. Box 1417
Baltimore Maryland 21203-1417

For Office Use Only
PCA COMP-OBJ SUFFIX
13818 5640 601
Receipt Number: _____
Receipt Date: _____
Postmark Date: _____

Step 3: Insert Month/Year for each table. List the total number of gallons transferred (whole numbers only) under appropriate transfer types (e.g. pipeline) for each month. If no transfers occurred, insert a zero (0) in the "Total Gallons" box for that month.

Month/Year: _____

Product	Pipeline	Marine Vessel	Vessel Name	Truck	Rail	Product Total
Gasoline						
Ethanol/Gasohol						
Kerosene						
Aviation Fuel						
Diesel Fuel						
Biodiesel						
#2 Fuel						
#4 Fuel						
#5 Fuel						
#6 Fuel						
Asphalts						
Hydraulic Oil						
Lubricating Oil						
Other:						

Sum "Product Totals" to determine **Total Gallons for 1st Month:**

Month/Year: _____

Product	Pipeline	Marine Vessel	Vessel Name	Truck	Rail	Product Total
Gasoline						
Ethanol/Gasohol						
Kerosene						
Aviation Fuel						
Diesel Fuel						
Biodiesel						
#2 Fuel						
#4 Fuel						
#5 Fuel						
#6 Fuel						
Asphalts						
Hydraulic Oil						
Lubricating Oil						
Other:						

Sum "Product Totals" to determine **Total Gallons for 2nd Month:**

Month/Year: _____

Product	Pipeline	Marine Vessel	Vessel Name	Truck	Rail	Product Total
Gasoline						
Ethanol/Gasohol						
Kerosene						
Aviation Fuel						
Diesel Fuel						
Biodiesel						
#2 Fuel						
#4 Fuel						
#5 Fuel						
#6 Fuel						
Asphalts						
Hydraulic Oil						
Lubricating Oil						
Other:						

Sum "Product Totals" to determine **Total Gallons for 3rd Month:**