

Department of Transportation and Public Facilities
STATEWIDE AVIATION LEASING

CENTRAL REGION
PO Box 196900
Anchorage AK 99519-6900

NORTHERN REGION
2301 Peger Rd
Fairbanks AK 99709-5316

SOUTHCOAST REGION
PO Box 112505
Juneau AK 99811-2505

CERTIFIED ACTIVITY REPORT FOR FUEL DISPENSING

Lessee / Permittee Name: ADA#:
 Period of Report: Start End Airport:

FUEL TYPE	GALLONS OF FUEL SUBJECT TO THE RATE <small>If Not Applicable, enter N/A If zero, enter 0</small>	RATE	AMOUNT DUE
Aviation Fuel	<input type="text"/>	x \$ 0.050 /gal	\$ <input type="text"/>
Jet Fuel	<input type="text"/>	x \$ 0.050 /gal	\$ <input type="text"/>
Non-Aviation Fuel (Auto/Regular Gas) (Heating fuel sales are exempted from the fuel sales fee)	<input type="text"/>	x \$ 0.050 /gal	\$ <input type="text"/>
TOTAL FUEL FLOWAGE FEE DUE:			\$ <input type="text"/>

CHECK ONE IF ANY OF THE ABOVE BOXES ARE ZERO:

- This period I did not distribute or sell any gallons of the following fuel:
- Aviation
 - Jet
 - Non-Aviation
- I wholesaled only and my customers pay their own fee. My customers are:
-
- My supplier paid my fee.

Name of fuel supplier:

PAYMENT:

- Enclosed is my check covering the fuel flowage fees due.
- Charge the fees due to my credit card (\$10,000 limit):
- VISA Mastercard Expiration Date
- Credit card number: CVC
- Name printed on card:
- Billing Statement Address: Zip
- Please fax a receipt to me at fax number:

I hereby certify that my firm is authorized by the State of Alaska, Department of Transportation and Public Facilities to dispense fuel and that the figures presented above are true and correct.

Name: Title:
 Signature: Date: