



LICENSEE CONTACT UPDATE

(Please print legibly except where signature is required)

APPROVED CONTACT LIST FOR LICENSEE: _____
Business Name

***PRIMARY CONTACT:**

NAME: _____ TITLE: _____

PHONE: _____ FAX: _____

EMAIL: _____

COMPANY (if other than licensee): _____

ADDRESS: _____

CITY / STATE / ZIP: _____

***ADDITIONAL CONTACTS:**

NAME: _____ TITLE: _____

PHONE: _____ FAX: _____

EMAIL: _____

COMPANY (if other than licensee): _____

ADDRESS: _____

CITY / STATE / ZIP: _____

***ADDITIONAL CONTACTS:**

NAME: _____ TITLE: _____

PHONE: _____ FAX: _____

EMAIL: _____

COMPANY (if other than licensee): _____

ADDRESS: _____

CITY / STATE / ZIP: _____

SIGNATURE OF PERSON
 AUTHORIZING DISCLOSURE: _____

MUST BE AN OWNER, CORPORATE OFFICER, MEMBER OR CURRENT CONTACT ON FILE

PRINTED NAME / TITLE
 OF PERSON SIGNING ABOVE: _____

* If any of the above listed contacts is not an employee of the company, please provide the Fuels Tax Group Power of Attorney Form, Form no. 735-002