



State of New Jersey

Form PPT-5

Petroleum Products Gross Receipts Tax Exempt Use Certificate

<input type="checkbox"/> Check box if using this form as a BLANKET FORM By checking, issuer affirms that this form covers all transactions between the dates shown. Under Gallons Received or Consideration Given, enter "ALL" From: _____ To: _____	Date of Purchase — leave blank if using BLANKET FORM <hr/> BOL Number — leave blank if using BLANKET FORM																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Gallons Received or Consideration Given</th> <th>Product Received</th> </tr> </thead> <tbody> <tr><td> </td><td>Gasoline</td></tr> <tr><td> </td><td>Denatured Ethanol</td></tr> <tr><td> </td><td>Blended Ethanol</td></tr> <tr><td> </td><td>Aviation Gasoline</td></tr> <tr><td> </td><td>Diesel</td></tr> <tr><td> </td><td>Dyed Diesel or #2 Heating Fuel Oil</td></tr> <tr><td> </td><td>BioDiesel</td></tr> <tr><td> </td><td>Dyed BioDiesel</td></tr> <tr><td> </td><td>Jet Fuel</td></tr> <tr><td> </td><td>Kerosene</td></tr> <tr><td> </td><td>Dyed Kerosene</td></tr> <tr><td> </td><td>#4 Fuel Oil</td></tr> <tr><td> </td><td>#5 Fuel Oil</td></tr> <tr><td> </td><td>#6 Fuel Oil</td></tr> <tr><td>\$</td><td>Propane</td></tr> <tr><td>\$</td><td>Butane</td></tr> <tr><td>\$</td><td>Lubricants (<i>specify</i>)</td></tr> <tr><td>\$</td><td>Solvents (<i>specify</i>)</td></tr> <tr><td>\$</td><td>Other (<i>specify</i>)</td></tr> </tbody> </table>	Gallons Received or Consideration Given	Product Received		Gasoline		Denatured Ethanol		Blended Ethanol		Aviation Gasoline		Diesel		Dyed Diesel or #2 Heating Fuel Oil		BioDiesel		Dyed BioDiesel		Jet Fuel		Kerosene		Dyed Kerosene		#4 Fuel Oil		#5 Fuel Oil		#6 Fuel Oil	\$	Propane	\$	Butane	\$	Lubricants (<i>specify</i>)	\$	Solvents (<i>specify</i>)	\$	Other (<i>specify</i>)	Seller's Name <hr/> Seller's Permit Number Selling Company's Contact Person <hr/> Phone _____ Ext: _____ Email _____ Purchaser's Name <hr/> Purchaser's FIEN Purchasing Company's Contact Person <hr/> Phone _____ Ext: _____ Email _____
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The Purchaser is claiming the following Exempt Use:

<input type="checkbox"/>	Heating food, air, or water in a residence
<input type="checkbox"/>	Commercial Fishing
<input type="checkbox"/>	Use in Marine Vessels engaged in Interstate or International Commerce
<input type="checkbox"/>	Use for a qualified non-profit organization under a contract with the Seller that is one year or longer in duration — the purchaser must attach its ST-5 to this form in order to claim this exemption
<input type="checkbox"/>	Use by the State of New Jersey or any of its political subdivisions, or any agency thereof, or use by the United States Government or its agencies or instrumentalities.
<input type="checkbox"/>	Other (Specify Exemption)

Affirmation

The Signatory certifies that the above product(s) ^{was/were} purchased by the Purchaser identified above for the sole use of said purchaser. The purchaser used the product(s) in the exempt manner specified. Any other use, or any incomplete or untrue information will produce a tax liability for which the purchaser alone is responsible. The purchaser will make records related to transactions in petroleum products et al available upon request.

Signature	Signatory Printed Name <hr/> Signatory Title <hr/> Date Signed
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