

Division Use Only — DLN Stamp

Division Use Only — Date Stamp



State of New Jersey

Send to:

Division of Taxation

PO Box 189
Trenton, NJ 08695-0189

Pursuant to NJSA 54:39-101 et seq
10-2010

Requested Date of Cancellation

Form TMF-9

Request for Cancellation of Transporter of Motor Fuels License

Attach original license

PART 1	Name		Address	
	ID #	Phone #	City, State Zip	

Part 2	Briefly state the reason you are cancelling your license
	State the disposition of the property and business. If sold, state the name, address, and ID# of purchaser or purchasers.

Part 3	By signing I am acknowledging that this company will cease all activities requiring a Transporter of Motor Fuels License. This company's final report is due on the 20 th of the month following the date of cancellation. I understand that in order to effect the cancellation, all outstanding payments must be made and all outstanding reports must be filed.	
	Signature - <i>must be signed by owner or corporate officer</i>	Date Signed
	Printed Name	Title