



Jim Zingale  
Executive Director

# STATE OF FLORIDA DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

General Tax Administration  
Child Support Enforcement  
Property Tax Administration  
Administrative Services  
Information Services

### THIS AUTHORIZES:

NAME OF AIR CARRIER: \_\_\_\_\_

ADDRESS OF AIR CARRIER: \_\_\_\_\_

CITY/STATE OF AIR CARRIER: \_\_\_\_\_

Control Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Air Carrier License Number: \_\_\_\_\_

This authorization letter is issued to: \_\_\_\_\_ for the purpose of purchasing aviation fuel exempt from aviation fuel tax. The Department of Revenue is authorized to notify a qualifying air carrier when the provisions of Section 206.9825(1)(b), Florida Statutes, are met by the carrier. This letter is valid for all sales of aviation fuel between aviation fuel terminal suppliers or wholesalers and the holder for the time period between this letter's effective and expiration dates.

A photocopy of this letter must be given to each aviation fuel terminal supplier or wholesaler from which the holder purchases aviation fuel. Aviation fuel terminal suppliers and wholesalers must maintain a copy of this letter in their records as documentation for omitting aviation fuel tax from billings issued to the qualifying air carrier.

The name of the air carrier's aviation fuel terminal supplier or wholesaler, the date on which the letter is executed, and the signature of an official of the air carrier are required for proper execution.

**NOTE: If, after May 1, 2002, the number of full-time equivalent employee positions created or added to the air carrier's workforce falls below 250, the exemption granted shall not apply during the period in which the air carrier has fewer than the 250 additional employees. Further, the air carrier must notify the Department immediately when the criteria are no longer met. Qualification of an air carrier's exemption is subject to audit by the Department of Revenue for the periods specified in subsection 95.091(3), Florida Statutes.**

\_\_\_\_\_  
DOR Official Name and Title

\_\_\_\_\_  
Name of Terminal Supplier or Wholesaler

\_\_\_\_\_  
Signature of Florida Department of Revenue Official

\_\_\_\_\_  
Signature of Air Carrier Official  
(Owner, Partner, Officer, or Authorized Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date