



**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	RATE	AMOUNT DUE
	<small>If Not Applicable, enter N/A If zero, enter 0</small>		
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"/>
<b>TOTAL FUEL FLOWAGE FEE DUE:</b>			\$ <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 were:

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: