



Department of Environmental Conservation

New York State Department of Environmental Conservation Division of Management and Budget

Major Petroleum License Fee Secondary Transfer Certificate revised 2/2/2017

Instructions:

1st Recipient MOSF (Transferor): Complete Parts A and B, give to transferee and retain a copy for your records. This form must accompany each shipment. A barrel is forty two Unites States gallons at 60 degrees Fahrenheit.

Transferee: Retain for your records. The Transferee, if a licensed MOSF, must pay the monthly license fee on all petroleum subject to the monthly license fee unless provided with a properly completed Secondary Transfer certificate by the Transferor. If applicable, fill out the next section for subsequent transfers (downstream customer). All parties of subsequent transfers must keep this form on file in its entirety.

Part A - Transferor - First Recipient MOSF

Company Name: _____

Address: _____

City, State, Zip Code: _____

MOSF license number: _____

*Terminal Address: _____

*Terminal City, State, Zip Code: _____

Date Product transferred: _____

Product type: _____

Volume (Select One) Barrels/Gallons at 60 degrees Fahrenheit: _____

How product transferred: ___ Pipeline ___ Barge ___ Truck

___ Other: please specify: _____

Part B - Transferee:

Transferee Company Name: _____

Delivery Address: _____

City, State, Zip Code: _____

I, the Transferor, have read the instructions and Rules and Regulations promulgated pursuant to Article 12 of the Navigation Law of the State of New York with respect to the use of Major Petroleum Facility License Fee Secondary Transfer Certificate. I certify that the monthly license fee and surcharge have been duly paid or will be paid on product transferred noted above. It is my belief that the Transferee is not required to pay the License Fee on the transaction(s) covered by this certificate. The undersigned Transferor hereby swears (under the penalties of perjury and false swearing) that all the information shown above is true and correct.

Name of Authorized Officer of Transferor

Title

Signature

Date

Federal Employer ID No.

* For on-shore facilities only. For vessel to vessel transfers, leave blank

Part C – Transferor (Transferee from Part B):

Company Name: _____

Terminal Address: _____

City, State, Zip Code: _____

Licensed MOSF?

____ Yes MOSF License Number: _____

____ No: Please indicate facility type: _____ PBS Facility: PBS# _____ Barge

____ Trucking Company ____ Other: please specify _____

Date Product Transferred: _____

Product Type: _____

Volume (Select One) Barrels/Gallons at 60 degrees Fahrenheit: _____

How product transferred: ____ Pipeline ____ Barge ____ Truck

____ Other: please specify: _____

Transferee (Third Recipient):

Transferee Company Name: _____

Delivery Address: _____

City, State, Zip Code: _____

I, as the previous Transferee, certify under penalty of perjury, that the information contained in this report is true, complete and correct to the best of my knowledge.

Signature _____ Print Name _____ Title _____

Date _____ Federal Employer ID No. _____

Part D – Transferor (Transferee from Part C):

Company Name: _____

Terminal Address: _____

City, State, Zip Code: _____

Licensed MOSF?

____ Yes MOSF License Number: _____

____ No: Please indicate facility type: _____ PBS Facility: PBS# _____ Barge

____ Trucking Company ____ Other: please specify _____

Date Product Transferred: _____

Product Type: _____

Volume (Select One) Barrels/Gallons at 60 degrees Fahrenheit: _____

How product transferred: ____ Pipeline ____ Barge ____ Truck

____ Other: please specify: _____

Transferee (Fourth Recipient):

Transferee Company Name: _____

Delivery Address: _____

City, State, Zip Code: _____

I, as the previous Transferee, certify under penalty of perjury, that the information contained in this report is true, complete and correct to the best of my knowledge.

Signature _____ Print Name _____ Title _____

Date _____ Federal Employer ID No. _____