



FET LICENSE APPLICATION

Calendar Year 2027

SEE ATTACHED INSTRUCTIONS
INCOMPLETE APPLICATIONS WILL BE DENIED.

Separate applications must be completed for each type of license requested

CHECK ONE (1) ONLY

☐ New Application
☐ Renewal, License Number: _____

☐ DISTRIBUTOR
☐ CARRIER
☐ RETAILER
☐ REFINER

1. Contact Person Information			
1a. Name Title		1b. E-mail Address	1c. Phone Number, if different from #4 (Below)
Business Information			
2. Business Name			
3. Tax Identification Number (TIN)	5. Mailing Address (City) (State) (Zip Code)		
4. Business Phone Number	6. Physical Location of Business within the Navajo Nation (Street Address) (City) (State)		
7. Type of Business (Check One) ☐ Corporation ☐ Government Entity or Enterprise ☐ Partnership ☐ Sole Proprietorship ☐ Other: _____		8a. Land Status of Business Site (if not applicable, indicate N/A 8a-8c) ☐ Tribal Trust ☐ Allotment ☐ Fee (Private) ☐ Other (Explain): _____	8b. Business Site Lease Number 8c. Expiration Date
9. Has the applicant, or any officer or director thereof, been convicted of a felony within the past 10 years? If yes, explain: ☐ YES ☐ NO			
10. Has the applicant, or any officer or director thereof, been found to have violated any applicable Navajo Nation or Federal Law within the past 10 year? If yes, explain: ☐ YES ☐ NO			
11. Has the applicant, or any officer or director thereof, had any temporary or permanent suspension or revocation of any license or other authorization pertaining to the distribution, carrying, transportation, refining, or retailing of fuel within the past 10 years? If yes, explain: ☐ YES ☐ NO			

12. Listing of Names, Titles, and Address (attach additional pages if necessary):

12a. All corporate officers of your business (If not applicable, indicate N/A)	
1. Name: Title: Mailing Address:	2. Name: Title: Mailing Address:
12b. All directors of your business (If not applicable, indicate N/A)	
1. Name: Title: Mailing Address:	2. Name: Title: Mailing Address:
12c. All general partners of your business (If not applicable, indicate N/A)	
1. Name: Title: Mailing Address:	2. Name: Title: Mailing Address:
12d. All shareholders* of your business (If not applicable, indicate N/A)	
1. Name: Title: Mailing Address:	2. Name: Title: Mailing Address:
12e. All principal officers of your business (If not applicable, indicate N/A)	
1. Name: Title: Mailing Address:	2. Name: Title: Mailing Address:

I declare that the information contained in this document and any attachments thereto is true and correct to the best of my knowledge and belief pursuant to all Navajo Nation Laws and Regulations.

Title

Print or Type Name

Taxpayer or Duly Authorized Agent Signature

Date

ONTC USE ONLY:	
<u>Type of License:</u> ☐ Carrier ☐ Retailer ☐ Distributor ☐ Refiner	License Number: _____ Date Issued: _____
Approved By: _____ Denied By: _____	

☐ Carrier ☐ Retailer
☐ Distributor ☐ Refiner

Approved By: _____

Denied By: _____

ACKNOWLEDGEMENT SHEET

Please initial EACH LINE. Do not leave blank and do not indicate N/A.
Pursuant to FET Regulations 9.1023, FAILURE to submit the Acknowledgement Sheet and any supporting documents may result in a \$500 per day penalty.

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