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

Major Petroleum License Fee Secondary Transfer Certificate

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 United 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._______________________