

CALIFORNIA STATE BOARD OF EQUALIZATION  
**DIESEL FUEL TAX EXEMPTION CERTIFICATE**  
**FOR EXEMPT BUS OPERATOR**  
SECTION 60503, REVENUE AND TAXATION CODE

Questions on the completion or use of this form should be directed to  
the fuel taxes division, MIC 30 Board of Equalization, P.O. Box 942879  
Sacramento, CA 94279-0030 Telephone (916)322-9669

CERTIFICATE NUMBER \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

\_\_\_\_\_  
SELLER NAME

\_\_\_\_\_  
ADDRESS (STREET, CITY, STREET, ZIP CODE)

\_\_\_\_\_  
DIESEL FUEL LICENSE NUMBER

\_\_\_\_\_  
FEDERAL EMPLOYER ID NO.

I, THE UNDERSIGNED, CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE  
INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT; AND THAT ALL  
DIESEL FUEL PURCHASED UNDER THIS CERTIFICATE IS INTENDED FOR USE IN AN EXEMPT  
BUS OPERATION, AS DEFINED IN REVENUE AND TAXATION CODE SECTION 60039.

BY SIGNING THIS CERTIFICATE I ACKNOWLEDGE MY UNDERSTANDING THAT IF  
ANY DIESEL FUEL PURCHASED WITH THIS CERTIFICATE IS SOLD OR OTHER WISE USED IN  
A TAXABLE MANNER, I AM REQUIRED TO REPORT AND PAY THE DIESEL FUEL TAXES ON  
THIS FUEL PROMPTLY AT THE TIME OF SALE OR USE. I ALSO UNDERSTAND THAT THE LAW  
PROVIDES CIVIL AND CRIMINAL PENALTIES FOR FRAUDULENT USE OF THIS CERTIFICATE.

\_\_\_\_\_  
PURCHASER NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
BUSINESS ADDRESS ( STREET,CITY, STATE, ZIP CODE)

\_\_\_\_\_  
DIESEL FUEL LICENSE NO.

\_\_\_\_\_  
FEDERAL EMPLOYER I.D. NO.