



**CUSTOMS AND EXCISE DEPARTMENT
REQUEST FOR FUEL FORM**

COMPTROLLER OF CUSTOMS,

REQUEST FROM: _____
NAME OF BONDED FACILITY / COMPANY

TO SUPPLY: _____
AIRCRAFT / COMPANY / VESSEL

TYPE OF FUEL: GAS HSD LSD AVJET AVGAS

AMOUNT OF FUEL REQUESTED (GALLONS): IMPERIAL _____ (OR) US _____

PURPOSE: COMPANY EXPORT GRENADINES FERRY OTHER _____

COUNTRY OF DESTINATION (IF EXPORT) _____

CONCESSION REFERENCE & DATE: _____

NAME (WAREHOUSE KEEPER) SIGNATURE DATE STAMP (BONDED FACILITY / COMPANY)

CERTIFICATE OF RECEIPT

I, HEREBY CERTIFY THAT I HAVE RECEIVED _____ GALLONS OF FUEL ON BEHALF OF _____ (AIRCRAFT / COMPANY / VESSEL). I FURTHER DECLARE THAT THE AFOREMENTIONED FUEL WILL BE USED SOLELY UNDER THE AUTHORITY AND FOR THE PURPOSE SPECIFIED ABOVE AND WILL NOT BE USED OR DISPOSED OF OTHERWISE. FAILURE TO COMPLY WILL RESULT IN PENALTIES OR PROSECUTION.

NAME (PRINT) SIGNATURE DATE STAMP OR SEAL

I CERTIFY THAT I HAVE WITNESSED THE ABOVE DELIVERY AND RECEIPT

CUSTOMS OFFICER DATE SIGNATURE / COMPTROLLER OF CUSTOMS