



Department of Environmental Conservation

New York State Department of Environmental Conservation Division of Fiscal Management

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. \_\_\_\_\_

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**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. \_\_\_\_\_