



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
DIVISION OF ADMINISTRATION  
ROAD TOLL BUREAU**

33 HAZEN DRIVE, CONCORD, NH 03305  
Telephone: (603) 271-2302 x3  
TDD Access: Relay NH 1-800-735-2964  
WWW.NH.GOV/DIVISIONS/ADMINISTRATION/  
ROADTOLL

FOR OFFICIAL USE ONLY:			Period:
APPROVED	By	Date	Claim Numbers:
Class # <b>22</b>	Gals	\$	
Class # <b>21</b>	Gals	\$	
<b>DISALLOWED</b>	Gals	\$	
Reason(s)			

**ROAD TOLL REFUND APPLICATION**  
**EXEMPT CREDIT CARD AND FUEL CARD ISSUERS**

NAME OF APPLICANT :		MAILING ADDRESS:	
STREET :			
CITY / TOWN :			
STATE & ZIPCODE :			
TELEPHONE :		CONTACT :	
FEIN :	VENDOR # :	REMIT TO :	

**Per RSA 260:52-g:**

"If the sale of motor fuel upon which the road toll has been paid is made to an exempt governmental entity, as defined by RSA 260:32, and occurs at a fixed retail pump available to the general public, and the price of the of the motor fuel including the road toll is charged to a credit or fuel card issued to the exempt governmental entity, the issuer of the card shall be entitled to a refund of that road toll if the terms of the contract between the card issuer and the exempt governmental entity provide that the exempt governmental entity shall not be billed for the road toll. No credit or fuel card issuer under this section shall be entitled to a refund for an amount less than \$10, and no payment of any refund shall be made to any person other than the credit or fuel card issuer entitled to it."

**The motor fuel must actually be used and the refund applied for; Per RSA 260:47:**

"(i) Annually, no later than April 15 following the end of the calendar year, or (ii) If, at the close of the quarter of the calendar year at least \$750 is payable in aggregate under these provisions to such person with respect to fuel used during the calendar year, an application may be filed under this subparagraph no later than the close of the subsequent quarter."

APPLICANT'S CLAIM	Time Period of Claim: (From To )	<b>GASOLINE</b>	<b>SPECIAL FUELS</b>
	1. Total Gallons From Schedules :		
	2. Amount of Refund : (Line 1 x \$0.222)	\$	\$
	<b>TOTAL REFUND</b>		\$

**MINIMUM REFUND IS TEN DOLLARS (\$10.00)**

PRINT NAME:	DATE:
SIGNATURE:	TITLE:

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

PREPARER INFORMATION (If other than applicant)	
PREPARER'S NAME:	TITLE:
EMAIL:	TELEPHONE: