Complete the following sworn statement and attach this form to the duplicate invoices

County of __________________________________________

State of __________________________________________

A.  Claimant
I hereby certify that the original copies of the attached invoices have been lost or destroyed and that no gasoline, gasohol and/or diesel refund has been received for the same. In the event that the originals are found, I will not present them to the Fiscal Operations Bureau of the Department of Transportation office for gasoline, gasohol, and/or diesel refund.

Claimant’s Signature: __________________________________________

Subscribed and sworn to before me this ________ day of _________________, 20____

(Seal)

___________________________________________________
Notary Public

County of __________________________________________

State of __________________________________________

B.  Dealer
Our records indicate that __________________________________________ purchased the number of gallons of gasoline, gasohol and/or diesel on the date shown on the attached duplicate invoice(s), which are exact copies of the lost original(s). The numbers and dates on the original(s) were as follows:

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<th>Number</th>
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</table>

Dealer’s Signature: __________________________________________

Subscribed and sworn to before me this ________ day of _________________, 20____

(Seal)

___________________________________________________
Notary Public