



Mail To:  
Account Management Fuel Unit  
Florida Department of Revenue  
PO Box 5500  
Tallahassee, FL 32311-0500

## Fuel or Pollutants Tax Cash Bond

# DRAFT

R. XX/XX  
Effective XX/XX

DR-157B

R. 01/21

TC 03/22

Rule 12B-5.150, F.A.C.  
Effective 04/21

new 1st paragraph

Florida law requires you to submit a bond or other form of security to the Department to obtain a Florida fuel license or pollutants license. You may submit an assignment of time deposit, bond, or an irrevocable letter of credit. A separate bond or other form of security is required for each product type or taxable pollutant. If you are licensed as an importer and a wholesaler, a separate importer's bond is required in addition to a wholesaler's bond. See Form DR-157W, *Bond Worksheet Instructions* (incorporated by reference in Rule 12B-5.150, F.A.C.), to compute the amount for each bond or other form of security. For additional information, contact Taxpayer Services at 850-488-6800 or email [motor\\_fuel@floridarevenue.com](mailto:motor_fuel@floridarevenue.com).

- ☐ Motor Fuel License No. \_\_\_\_\_
- ☐ Diesel Fuel License No. \_\_\_\_\_
- ☐ Aviation Fuel License No. \_\_\_\_\_
- ☐ Pollutants Tax License No. \_\_\_\_\_
- ☐ Importer's License No. \_\_\_\_\_

Add new fuel type:  
Retailer of Natural Gas Fuel  
License No. \_\_\_\_\_

Amount \$ \_\_\_\_\_

This is a cash bond or deposit made by the person or firm shown below to secure and guarantee payment of:

- ( ) Motor Fuel pursuant to Chapter 206, Florida Statutes (F.S.)
- ( ) Pollutants Tax pursuant to Chapter 206, F.S.
- ( ) Diesel Fuel pursuant to Chapter 206, F.S.
- ( ) Importer's Additional Bond pursuant to section 206.051, F.S.
- ( ) Aviation Fuel pursuant to Chapter 206, F.S.

Add new fuel type:  
( ) Natural Gas Fuel pursuant to  
Chapter 206, F.S.

From: \_\_\_\_\_  
(Name of Owner)

\_\_\_\_\_  
(Trade Name)

Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (County) (State) (ZIP)

### For DOR Use Only

Accepted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(month) (year)

**Florida Department of Revenue**

By \_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Account Number: \_\_\_\_\_

Money Order No. \_\_\_\_\_

Cashier's Check No. \_\_\_\_\_

Certified Check No. \_\_\_\_\_

NOTE: The original bond will be maintained by the  
Florida Department of Revenue.