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STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE

**MOTOR FUEL APPLICATION AUTHORIZATION AND  
E-MAIL CONTACT INFORMATION**

**L-2427**

(Rev. 3/2/26)  
4732

dor.sc.gov

Attach this form to the L-2045 license application.

This form must be signed by the owner or officer of the entity applying for the motor fuel license.

List the names and contact information of individuals authorized to complete the L-2045, Application for Motor Fuel License, discuss bond or financial statement information, and discuss reporting questions on behalf of the licensee.

Authorized Contact \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Authorized Contact \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Owner/Officer Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Questions? We're here to help.** Contact us at 803-896-1990 or [MotorFuelTax@dor.sc.gov](mailto:MotorFuelTax@dor.sc.gov).