



**APPLICATION FOR SALES TAX EXEMPTION CERTIFICATE**  
 OFFICE OF STATE TAX COMMISSIONER  
 SFN 21919 (6-2021)

See the *Exempt Organization* guideline for more detail about organizations that qualify for a sales tax exemption on purchase transactions.

This application should be filed only by federal, state, local or tribal governments; federal corporations; schools; hospitals, nursing homes, intermediate care facilities, basic care facilities, residential end-of-life facilities, and emergency medical service providers licensed by the State Department of Health; voluntary health associations recognized by the National Health Council; and assisted living facilities licensed by the Department of Human Services; and certain senior citizen organizations.

Organization Name			Federal Employee Identification Number
Email Address			Telephone Number
Street Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code

Type of organization (*Fill one*)

Federal Government   
  State   
  County or Township   
  City   
  Native American Tribal Governments  
 Public or Private School, College or University   
  Voluntary Health Association  
 Intermediate Care Facility (North Dakota Department of Health license number \_\_\_\_\_)  
 Assisted Living Facility (North Dakota Human Services license number \_\_\_\_\_)  
 Basic Care Facility (North Dakota Department of Health license number \_\_\_\_\_)  
 Emergency Medical Services Provider (North Dakota Department of Health license number \_\_\_\_\_)  
 Hospital (North Dakota Department of Health license number \_\_\_\_\_)  
 Skilled Nursing Facility (North Dakota Department of Health license number \_\_\_\_\_)  
 Residential End-of-Life Facility (North Dakota Department of Health license number \_\_\_\_\_)  
 Senior Citizen Organization, include the following documentation:  
 1. Proof of 501(c)(3) status designated by IRS;  
 2. Proof of North Dakota Secretary of State Charitable Organization designation;  
 3. Proof of one (1) of the following: a) Contract with North Dakota Department of Human Services to provide services through Aging Services Division; OR, b) Proof of receiving grant funds through the North Dakota Department of Transportation.

Provide explanation of primary function of organization \_\_\_\_\_

Does the organization hold a sales and use tax permit?     Yes     No

Does the organization make any retail sales?     Yes     No

Authorized Purchasing Agent	Title	Telephone number
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I certify that the above statements are correct to the best of my knowledge and belief and that I am authorized to sign this application.

Signature	Title
Print Name	Date

**Important: The Certificate of Exemption, if granted, applies to purchases only. It does not apply to the sale of tangible personal property. As soon as your application is approved, a Certificate will be mailed. This certificate must be retained by you and a copy of your certificate must be furnished to all suppliers or retailers at the time of purchase.**

**PRIVACY ACT NOTIFICATION**  
 In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.