

1. Name of Primary Contact: \_\_\_\_\_

\_\_\_\_\_

2. Address of Primary Location (facility physical location): \_\_\_\_\_

3. City \_\_\_\_\_ 4. State \_\_\_\_\_ 5. Zip \_\_\_\_\_

6. County of Primary Location \_\_\_\_\_

**Business Overview:**

<b>Element</b>	<b>Description</b>
<p><b>7. Company Structure</b>  <i>Check all that apply</i></p>	<p><input type="checkbox"/> Individual  <input type="checkbox"/> Indian tribe  <input type="checkbox"/> Unit of State or local government  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <input type="checkbox"/> Farm Cooperative  <input type="checkbox"/> Farmer cooperative organization  <input type="checkbox"/> Association of agricultural producers  <input type="checkbox"/> National laboratory  <input type="checkbox"/> Institution of higher education  <input type="checkbox"/> Rural electric cooperative  <input type="checkbox"/> Public power entity  <input type="checkbox"/> Consortium of any of the above entities  <input type="checkbox"/> Other: _____</p>
<p><b>8. Biomass Conversion Production Status:</b></p>	<p>Production (<input type="checkbox"/> to begin or <input type="checkbox"/> since)  Date:</p>
<p><b>9. Brief Overview of Facility Business Operations and Biomass Utilization:</b></p>	

## Facility Overview:

Element	Description
<b>10. Energy\Fuel Produced:</b> <i>Check all that apply</i>	<input type="checkbox"/> Biodiesel <input type="checkbox"/> Ethanol <input type="checkbox"/> Bioethanol <input type="checkbox"/> Butanol, methanol or other alcohols <input type="checkbox"/> Electricity <input type="checkbox"/> Syngas <input type="checkbox"/> Pellets/Briquettes <input type="checkbox"/> Other(s): _____
<b>11. Conversion Process</b> <i>Check all that apply</i>	<b>Combustion</b> <input type="checkbox"/> Woodchip boilers <input type="checkbox"/> Incineration <input type="checkbox"/> Natural Gas Boiler <input type="checkbox"/> Oil Fueled Boilers <input type="checkbox"/> Other: _____ <b>Non-Combustion</b> <input type="checkbox"/> Gasification <input type="checkbox"/> Pyrolysis <input type="checkbox"/> Hydrolysis <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Other: _____
<b>12. Biomass Material(s) Used:</b> <i>Check all that apply</i>	<b>Plant species:</b> <input type="checkbox"/> Trees <input type="checkbox"/> Shrubs <input type="checkbox"/> Forbs <input type="checkbox"/> Legumes <input type="checkbox"/> Hays <input type="checkbox"/> Grasses <input type="checkbox"/> Other _____ <b>Non-Title 1 Agricultural residues and wastes:</b> <input type="checkbox"/> Straw <input type="checkbox"/> Hulls <input type="checkbox"/> Stover <input type="checkbox"/> Bagasse <input type="checkbox"/> Nursery inventory waste <input type="checkbox"/> Other agricultural plant residues & agricultural plant wastes <input type="checkbox"/> Other _____ <b>Forestry and logging materials:</b> <input type="checkbox"/> Forest thinnings <input type="checkbox"/> Tree branches <input type="checkbox"/> Otherwise unmerchantable species <input type="checkbox"/> Forest slash (branches, tops, insect and disease)

Element	Description
	debris and wildfire/disaster debris) <input type="checkbox"/> Hardwood chips <input type="checkbox"/> Softwood chips <input type="checkbox"/> Cutoffs <input type="checkbox"/> Roots <input type="checkbox"/> Bark <input type="checkbox"/> Other wood/tree pieces <input type="checkbox"/> Other _____  <b>Other/Factory/Industrial Sources</b> <input type="checkbox"/> Non-edible food processing waste <input type="checkbox"/> Sawdust <input type="checkbox"/> Roadway maintenance cuttings <input type="checkbox"/> Other _____
<b>13. Permits Obtained</b>	<b>US EPA:</b> _____  <b>US ATF:</b> _____  <b>Other Federal:</b> _____  <b>State:</b> _____  <b>Local:</b> _____
<b>14. Have all the necessary permits been obtained for this facility or group of facilities?</b> <i>Please check one of the following</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Facility Description:**

Item	Amount	Unit
<b>15. Annual Production (Current or Planned)</b> <i>Please enter all that apply</i>		British Thermal Unit per year (BTU/yr) or equivalent
		Kilowatt-Hour per year (kWh/yr.)
		Tons of fuel per year
		Gallons of biofuel per year
<b>16. On-Site Material Storage Capacity</b> <i>Please check one of the following</i>		<input type="checkbox"/> Tons <input type="checkbox"/> Acres

**17. Off-Site Feedstock(s)  
and Material Storage  
Capacity**

*Please check one of the following*

Tons

Acres

**18. Please check off all that apply and provide copies of applicable documents:**

Form AD-1047(1/92), Certification Regarding Debarment, Suspension, and Other Responsibility Matters– Primary Covered Transactions

For ethanol facilities, copies of Alcohol Producers Permit (ATF F 5110.74)

For ethanol facilities, copies of Registration of Distilled Spirits Plant (ATF F5110.41) and Operating Permit (ATF F 5110.23)

Copies of all required Federal, State and local permits attached.

**Certification of Overview Information**

I certify that the information included is true and correct to the best of my knowledge and belief. I certify that the annual production estimates are realistic estimates and the most accurate that can be made at this date and time.

My signature and endorsement are as follows:

**1. Biomass Conversion Facility**

A. \_\_\_\_\_  
(COMPANY NAME)

B. By: \_\_\_\_\_  
(Officer, Member, Partner, Proprietor)

C. Title: \_\_\_\_\_

D. Date: \_\_\_\_\_