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| --- | --- | --- | --- | --- |
| **Activity Letter S**: Enterer, position holder, refiner, terminal operator, or throughputter of gasoline, diesel fuel (including a diesel-water fuel emulsion), or kerosene, or industrial user of gasoline. | | | | |
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| **REGISTRATION TESTS – ACTIVITY “S”**  1. The Activity Test under §48.4101-1(f)(2). 2. The Acceptable Risk test under §48.4101-1(f)(3). 3. The Adequate Security Test under §48.4101-1(f)(4). | | | | |
| ***ACTIVITY TEST*** | | | | |
| 1. Check the box(es) representing the activity(ies) and the type of taxable fuel in which the entity is engaged in or likely to become engaged in within a reasonable time. | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Activity(ies)** | **Gasoline** | **Diesel Fuel** | **Kerosene** | **Other** | | Refiner |  |  |  |  | | Importer/Enterer |  |  |  |  | | Terminal Operator |  |  |  |  | | Throughputter |  |  |  |  | | Industrial User |  |  |  |  | | Position holder |  |  |  |  | | Exporter |  |  |  |  | | | | | |
| 1. Check the box(es) representing all means by which the entity receives or disposes of   taxable fuel. | | | | |
| |  |  |  | | --- | --- | --- | | **Mode of Transporation** | **Receipts** | **Disposals** | | Barge |  |  | | Pipeline |  |  | | Rail |  |  | | Truck |  |  | | Ocean Going Vessel |  |  | | In-Tank Transfers |  |  | | Exchange Agreements |  |  | | | | | |
| ***REFINERS*** | | | | |
| 1. List the name and address of the pipeline operators, barge companies, and/or ocean-going vessel operators that supplies crude oil and identify the mode of transportation.  |  |  |  |  | | --- | --- | --- | --- | | **Name and Address of Operator(s)** | **Pipeline** | **Barge** | **Vessel** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | |
| 1. List the types of taxable fuel the refinery produces (e.g. 87 octane, #3 diesel fuel, types of gasoline blendstocks, etc) and the production capacity per day per product.  |  |  | | --- | --- | | **Types of Taxable Fuel Produced** | **Production Capacity Per Day** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | | |
| 1. What does the entity do with transmix? Indicate how the transmix is received. Provide the name and address of the carrier(s) if not listed above (see *question 1*).  |  |  | | --- | --- | | **Name and Address of Carrier(s)** | **Mode of Transportation** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | | |
| 1. Provide a schematic of each refinery the entity operates. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***IMPORTER/ENTERER*** | | | | |
| 1. Identify the name and address of suppliers of taxable fuel, type of taxable fuel imported, quantity imported, and the origin of the imported taxable fuel.  |  |  |  |  | | --- | --- | --- | --- | | **Supplier’s Name and Address** | **Taxable Fuel Imported** | **Quantity** | **Origin of Imported Taxable Fuel** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | |
| 1. Identify the ports of entry and location of the imported taxable fuel.  |  |  | | --- | --- | | **Ports of Entry** | **Location of Port** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | | |
| 1. Identify the carrier(s) used to import taxable fuel and the taxable fuel imported.  |  |  | | --- | --- | | **Name of Carrier(s) and Address** | **Taxable Fuel Imported** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | | |
| ***TERMINAL OPERATOR*** | | | | |
| 1. Provide the name, telephone number, and address of all terminal managers.  |  |  |  | | --- | --- | --- | | **Name of Terminal Manager** | **Telephone Number** | **Address of Terminal** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | |
| 1. Is the entity a for hire terminal? |  |  |  |  |
| 1. Does the entity dye diesel fuel at the terminal? If so, describe the dye injection system used. |  |  |  |  |
|  | | | | |
| 1. Does the entity own any of the products in the terminal(s)? If so, specify the products owned? |  |  |  |  |
|  | | | | |
| 1. Provide a schematic of each terminal the entity owns and/or operates. |  |  |  |  |
| 1. Provide the names of the companies that verify the unloading of barges into terminal(s)? | | | | |
| 1. List the names and 637 Numbers of all Position Holders in the terminal(s), and identify the taxable fuel stored.  |  |  |  | | --- | --- | --- | | **Position Holder’s Name** | **637 Registration Number** | **Taxable Fuel Stored** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | |
| 1. What does the entity do with transmix? Indicate how the transmix is received. Provide the name and address of the carrier(s) if not previously listed.  |  |  | | --- | --- | | **Name and Address of Carrier(s)** | **Mode of Transportation** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | | |
| ***INDUSTRIAL USER*** | | | | |
| 1. List the gasoline blendstock(s) the entity purchases or intend to purchase. | | | | |
| 1. How will the gasoline blendstock(s) be received by the entity? | | | | |
| 1. For what purpose will the entity be using the gasoline blendstock(s)? | | | | |
| 1. Have any gasoline blendstock(s) been resold, or plan to be resold? If so to whom? | | | | |
| ***THROUGHPUTTER/POSITION HOLDER*** | | | | |
| 1. Indicate where the entity owns or will own taxable fuel in the bulk transfer/terminal system.  |  |  |  | | --- | --- | --- | | **Bulk Transfer/Terminal System** | **YES** | **NO** | | Refinery |  |  | | Pipeline |  |  | | Vessel |  |  | | Terminal |  |  | | | | | |
| 1. List the name, address and Form 637 Registration Number of any other party who will pull taxable fuel from the entity’s position at the terminal(s). CEP or large oil companies may be exempted from this question.  |  |  | | --- | --- | | **Name and Address of Other Party** | **637 Registration Number** | |  |  | |  |  | |  |  | |  |  | | | | | |
| 1. Describe the records used to determine the receipt and/or removal of taxable fuel from the terminal(s) in which taxable fuel is being stored. | | | | |
| ***Acceptable Risk Test*** | | | | |
| 1. Has the entity or a related person been penalized for a wrongful act? If yes, explain. *(For initial registrations, review the applicant’s responses to the questions listed in Part III, Section C, Page 2 of Form 637.)* |  |  |  |  |
| *Explanation:* | | | | |
| ***Adequate Security Test*** | | | | |
| *Complete Form 637 Reengineering Forms:* ***A620,******B700,****and* ***B705*** | | | | |
| 1. Does the entity have both adequate financial resources and a satisfactory tax history? |  |  |  | A620, B700, & B705 |