Applicant/Registrant Name:		EIN:	Period(s)
Agent Name:	Ba	adge Number:	Date:
	-		
Form 6	37 Activity Le	tter "AM" Ques	stionnaire
Antinita I atton (ABATI Altamat	in a final and the at your		in a final maintaine Aleatie and de mora
or used in the alternative fueler'	•		ive fuel mixture that is sold for use
		<u> </u>	
F	REGISTRATION T	ESTS – ACTIVITY '	'AM"
1) The applicant must meet t	he activity test u	ndar 8/18 /1101_1/f)	(2)
, , , , , , , , , , , , , , , , , , , ,			(2). nt, reporting, and claim history for
			efined in §48.4101-1(b)(5)).
		VITY TEST	
 Describe the type of alternative business. 	e fuel mixture that	tne entity will produc	ce for sale or for use in their trade of
Submices.			
2 List the type of tayable fuel and	the monthly volum	no of taxable fuel be	ought for producing an alternative fuel
mixture.	Tule monthly volui	The of taxable fuel bo	dgnt for producing an alternative ruer
Type	of Taxable Fuel	Monthly Volume	
<u>ypc</u>	or raxable raci	monthly volume	
2. List the monthly volume and tw	no(a) of alternative	tual baught or prod	used for blanding with gooding discal
List the monthly volume and tylength fuel, or kerosene.	Je(S) Of allernative	e luel bought of prou	uced for blending with gasoline, diesel
Type of Alte	ernative Mo	onthly Volume Proc	luced
4. List all locations and storage fa	cilities where alter	native fuel mixture is	s stored, and the storage capacity.

Applicant/Registrant Name:	EIN:	Period(s)	
gent Name: Badge Number:		Date:	
Form 637 Activity Le	etter "AM"	Questionnaire	
Attach additional sheets if needed. (CEP and m	ajor oil compar	nies may be exempted from th	is question.).
Name and Address of Earlie	4/:\	Number of Storage Tanks	0
Name and Address of Facility	Name and Address of Facility(ies)		Capacity of Fuel Tank(s)
			T del Talik(3)
			_
5. List the names and addresses of all customers the mixtures without the federal excise tax.	hat the entity h	as sold or plan to sell alternati	ve fuel
Customer's Name		Customer's Address	
Customer s Nume		Customer 3 Address	
Satisfact	tory Tax Histo	orv	
Have all filings, deposits, and payments for all ta			n made timely?

Applicant/Registrant Name:	EIN:	Period(s)				
Agent Name:	Badge Number:	Date:				
Form 637 Activity Letter "AM" Questionnaire						
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If no, explain.