

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:

Element	Description
<p>7. Company Structure <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>8. Biomass Conversion Production Status:</p>	<p>Production (<input type="checkbox"/> to begin or <input type="checkbox"/> since) Date:</p>
<p>9. Brief Overview of Facility Business Operations and Biomass Utilization:</p>	

Facility Overview:

Element	Description
10. Energy\Fuel Produced: <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): _____
11. Conversion Process <i>Check all that apply</i>	Combustion <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: _____ Non-Combustion <input type="checkbox"/> Gasification <input type="checkbox"/> Pyrolysis <input type="checkbox"/> Hydrolysis <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Other: _____
12. Biomass Material(s) Used: <i>Check all that apply</i>	Plant species: <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 _____ Non-Title 1 Agricultural residues and wastes: <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 _____ Forestry and logging materials: <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 _____ Other/Factory/Industrial Sources <input type="checkbox"/> Non-edible food processing waste <input type="checkbox"/> Sawdust <input type="checkbox"/> Roadway maintenance cuttings <input type="checkbox"/> Other _____
13. Permits Obtained	US EPA: _____ US ATF: _____ Other Federal: _____ State: _____ Local: _____
14. Have all the necessary permits been obtained for this facility or group of facilities? <i>Please check one of the following</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Description:

Item	Amount	Unit
15. Annual Production (Current or Planned) <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
16. On-Site Material Storage Capacity <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: _____