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| **Name:** | **EIN:** |
| **Address:** | **Registration No:** |
| **City, State, Zip** |  |

**"M" QUESTIONNAIRE (Revision 02-01-2006)**

Blender of gasoline, diesel fuel (including diesel-water emulsions) or kerosene outside the bulk transfer/terminal system, including blenders of alcohol fuel mixtures, and renewable diesel mixtures.

Review Form 637, "Application for Registration" for any updates or changes. This includes Part I, II, and III. Attach the updates or changes to questionnaire. Notate if no updates or changes have been made since last visitation.

1. Who is responsible for the preparation and filing of Form 720 and/or Form 8849? From what address are they filed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does the company, related company, or any of its owners incur any liability for excise tax? If so, name the type of tax. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Does the company sell or plan to sell any taxable fuel to a related company? If so, describe the arrangements.

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1. Has the company's excise, employment, or income tax returns been examined by the State or IRS during the previous five years? If so, what were the results of the examination?

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1. Does the company store any fuel to which it does not hold title? If so, where is this inventory stored? For who is, it stored? Are separate inventory records maintained?

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1. List all locations and storage facilities where gasoline, diesel fuel, kerosene, or products used in blending are stored. List the expected volume (in gallons) of each product that will be sold or blended by each facility. Attach additional sheets if needed. (CEP and major oil companies may be exempted from this question.)

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| **Name of Facility** | **Address of Facility** | **Tank #** | **Product Stored** | **Expected Annual Volume** |
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Indicate with an (\*) any facility that sells fuel at retail.

1. Does the company own fuel transports? If yes, list the VIN, GVW, and capacity of each.

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1. If no trucks are owned, how will the fuel be transported?

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1. List the additives and products that will be used for blending with gasoline, diesel fuel, or kerosene.

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1. List the estimated annual volume of additives and products that you will buy.

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1. List the estimated annual volume of blended fuel that you will produce.

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1. List name and address of all fuel and blending component suppliers and list the type of product purchased (note with an asterisk those with which there will be tax-free transactions).

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1. List the name and address of customers (note type of fuel and asterisk those with which there will be tax-free transactions).

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1. List approximate annual disposals in gallons for each type of product:

## Regular unleaded gasoline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Midgrade unleaded gasoline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Premium unleaded gasoline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Oxygenated gasoline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Diesel Fuel- High Sulphur:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Diesel Fuel-Low Sulfur-Dyed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Diesel Fuel-Low Sulfur-Clear:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Aviation Gasoline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Jet Fuel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Kerosene:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Blend Stocks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Additives:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you blending product or are you purchasing blended biodiesel product?

1. If you are blending product, are you blending using agri-biodiesel or biodiesel?

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1. If you are blending, list suppliers of agri-biodiesel and biodiesel that will be

Blended with diesel fuel and which product will be purchased from suppliers.

Supplier Name | Supplier Address | Biodiesel | Agri-biodiesel

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1. Do you have purchase contracts with the above suppliers? If yes, please have

copies available.

1. Where will the above products be picked up?

Suppliers Name | Terminal Address

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1. If you are not blending, who are you purchasing the blended product from?

Annual gallons purchased \*

Suppliers Name | Suppliers Address Agri-biodiesel | Biodiesel

\* If new applicant, anticipated annual gallons purchased

1. Do you own or operate any retail stations? If yes, list locations below.

1. Do you have a position in any terminal? If yes, list locations.
2. Whom do you intend to supply with this biodiesel? Do you have any contracts to

supply this product?