Applicant/Registrant Name:	EIN:	Period(s)
Agent Name:	Badge Number:	Date:

## Form 637 Activity Letter "S" Questionnaire

**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.

## **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				

2. Check the box(es) representing all means by which the entity receives or disposes of taxable fuel.

Receipts	Dispos
	Receipts

## **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.

Applicant/Re	gistrant Name:	EIN:		Per	iod(s)
Agent Name		Badge Number: Date:		ate:	
	Form 637 Activity	Letter "S" Q	uestior	naire	
l	Name and Address of	Pipeline	Barge	Vessel	
l	Operator(s)				
0 1 1 1 1				"O I' I	
	ypes of taxable fuel the refinery p				fuel, types of
gasoline	blendstocks, etc) and the produc	tion capacity per	day per	product.	
	T		. 0	· D. D.	
	Types of Taxable Fuel	Production	n Capac	ity Per Da	ay
	Produced				
	3. 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 <i>question 1</i> ).					

Applicant/Registrant Name:	EIN:	Period(s)
Agent Name:	Badge Number:	Date:
Form 637 Act	tivity Letter "S" Question	nnaire
1 om our Act	ivity Letter 5 Question	mane
Name and Address of Carrier(s)	Mode of Transp	ortation

4. Provide a schematic of each refinery the entity operates.

Applicant/Registrant Name:		EIN:	Period(s)
Agent Name: Badge Number:		Date:	
Form 6	37 Activity Letter	"S" Oue	estionnaire
		- 4	
	IMPORTER/ENT		
<ol> <li>Identify the name and address imported, and the origin of the</li> </ol>		iel, type of	taxable fuel imported, quantity
Supplier's Name and Address	Taxable Fuel Imported	Quantity	Origin of Imported Taxable Fuel
2. Identify the ports of entry and	ocation of the imported to	axable fuel.	
2. Identify the period of entry and	occurred and imported a		
	Ports of Entry		Location of Por
3. Identify the carrier(s) used to i	nport taxable fuel and the	e taxable fu	uel imported.
Name of Carrier	s) and Address		Taxable Fuel Imported

1					
specify the products owned?					
2. Is the entity a for hire terminal?  3. Does the entity dye diesel fuel at the terminal? If so, describe the dye injection system used.  4. Does the entity own any of the products in the terminal(s)? If so, specify the products owned?					

Applicant/Re		Name:		EIN:	Period	
Agent Name: B		Badge Nu	mber:	Date		
		Form 637 Act	tivity Letter "	S" Questio	nnaire	
		1 01111 001 710	ivity Lotton	<u> </u>		
		and 637 Numbers of	all Position Hole	ders in the ter	minal(s), and i	dentify the
taxable f	uel stor	red.				
	Posit	ion Holder's	637 Registrat	ion Number	Taxable Fue	l Stored
	Name		637 Registration Number		Tustasio i dei Sterea	
		ntity do with transmix?		e transmix is re	ceived. Provide	e the name and
address o	of the ca	arrier(s) if not previousl	y listed.			
		Name and Addres	s of Carrier(s)	Mode of		
		Nume and Addres	3 of Garrier(3)	Transportat	tion	

Applicant/Registrant Name:	EIN:	Period(s)
Agent Name:	Badge Number:	Date:
Form 637 Activit	ty Letter "S" Questio	nnaire
1 om oor Activit	y Letter O Questio	, initiality
IND	USTRIAL USER	
1. List the gasoline blendstock(s) the entity pu		se.
2. How will the gasoline blendstock(s) be rece	ived by the entity?	
2. Flow will the gasoline biendstock(s) be rece	ived by the chity:	
2. For what purpose will the entity be using the	a gooding blandstook(s)?	
3. For what purpose will the entity be using the	e gasoline bienuslock(s)?	
4. Have any gasoline blendstock(s) been reso	ld, or plan to be resold? If	so to whom?

Applican	t/Registrant Name:	EIN:	Period(s)		
Agent Name: Badge Number: Date:		Date:			
	Form 637 Activity Let	ter "S" Ouesti	onnaire		
	Form 037 Activity Let	tei 5 Questi	Officialie		
	THROUGHPUTTER/F	DOSITION HOLD	ED.		
1 Indic	ate where the entity owns or will own taxa				
I. IIIUIC	ate where the entity owns or will own taxa	bie iuei iii tile bui	k transfer/terminal system.		
	Bulk Transfer/Terminal Sys	tem	YES		
	Refinery				
	Pipeline				
	Vessel				
	Terminal				
	ne name, address and Form 637 Registra				
	ble fuel from the entity's position at the term	minai(s). CEP or i	arge oil companies may be		
exen	pted from this question.				
	Name and Address of Other Party	637 Registration	on		
	Name and Address of Other Farty	Number			
	9 0 1 1 1 1 1 1 1				
	ribe the records used to determine the rec	•	val of taxable fuel from the		
termi	nal(s) in which taxable fuel is being stored	l.			
	Acceptable	Risk Test			
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,					
	on C, Page 2 of Form 637.)				
Explanation:					
	Adequate Se		700 and P705		
1. Does	Complete Form 637 Reengineering the entity have both adequate financial resource.		A620, B700,		
	satisfactory tax history?				