

Name:		EIN:	
Address:		637 Reg No.:	
City, State, Zip:		OMB No.:	1545-1835

In addition to the *Form 637 General Questionnaire*, please answer the following questions specific to this activity. **(Attach additional sheets, if needed.)**

## “AL” QUESTIONNAIRE

**Activity Letter AL** - Alternative fueler that sells for use or uses alternative fuel as a fuel in a motor vehicle or motorboat.

The alternative fueler (of unmixed fuel) must be registered with a Form 637 “AL” registration to file a claim for the alternative fuel credit. See IRC 6426(a) and IRC 6427(e)(4).

1. Does your business qualify for the Form 637 “AL” Registration?

Yes  No

- **If yes**, please complete questions below and return this form.
- **If no**, please sign the statement below, date, and return this form.

I request my Form 637 “AL” Registration be denied or revoked as I am no longer engaged in this activity.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** This request must be signed by a person with authority to bind the applicant or registrant. Refer to *Form 637, Application for Registration (For Certain Excise Tax Activities), General Instructions*, under the *Signature* section for additional guidance.

Name:		EIN:	
Address:		637 Reg No.:	
City, State, Zip:		OMB No.:	1545-1835

2. Is your business now using, and does your business plan to continue using, your business's registration to obtain a federal excise credit incentive?

Yes  No

**If yes**, please explain.

3. List the type(s) of alternative fuel used or sold for use as fuel in a motor vehicle or motorboat.

Alternative Fuel	Used as a Fuel	Sold for Use as a Fuel
Liquefied petroleum gas (LPG)	<input type="checkbox"/>	<input type="checkbox"/>
"P Series" fuels	<input type="checkbox"/>	<input type="checkbox"/>
Compressed natural gas (CNG)	<input type="checkbox"/>	<input type="checkbox"/>
Liquefied natural gas (LNG)	<input type="checkbox"/>	<input type="checkbox"/>
Liquefied hydrogen	<input type="checkbox"/>	<input type="checkbox"/>
Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process	<input type="checkbox"/>	<input type="checkbox"/>
Compressed or liquefied gas derived from biomass	<input type="checkbox"/>	<input type="checkbox"/>
Liquid fuel derived from biomass	<input type="checkbox"/>	<input type="checkbox"/>
Other (provide description)	<input type="checkbox"/>	<input type="checkbox"/>

Name:		EIN:	
Address:		637 Reg No.:	
City, State, Zip:		OMB No.:	1545-1835

4. List the name and address of your suppliers for alternative fuel and indicate which supplier you have entered into a bulk-sales agreement.

**Note:** A bulk-sales agreement is when a buyer has given the seller a written statement stating the entire quantity of the alternative fuel covered by the statement is for use by the buyer for a taxable use as a fuel in a motor vehicle or motorboat and the seller has given the buyer a written acknowledgment of receipt of the buyer's statement.

Name and Address of Supplier	Alternative Fuel Supplied	Bulk Sales Statement Yes/No

5. Does your business use alternative fuels in its trade or business?

Yes  No

**If yes,** list the type of use.

6. List the type and number of vehicles that use alternative fuel.

7. List the monthly volume of the alternative fuel used by your business as

Name:		EIN:	
Address:		637 Reg No.:	
City, State, Zip:		OMB No.:	1545-1835

a fuel in a motor vehicle or motorboat. Please indicate the unit of measure for each type of alternative fuel.

8. List the monthly volume of the alternative fuel sold for use as a fuel in a motor vehicle or motorboat. Please indicate the unit of measure for each type of alternative fuel.

9. List the names and addresses of all customers that your business has sold or plans to sell alternative fuel **without** the federal excise tax.

10. What are your business's procedures for securing exemption certificates from customers who purchase without the federal excise tax?

Name:		EIN:	
Address:		637 Reg No.:	
City, State, Zip:		OMB No.:	1545-1835

11. Does your business own fuel transports?

Yes  No

**If yes**, list Vehicle Identification Number (VIN), Gross Vehicle Weight (GVW), fuel transported and capacity of each.

VIN	GVW	Fuel Transported	Capacity

12. List the name and phone number of a person whom we can contact about this application/registration.