

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.)**

“AM” QUESTIONNAIRE

Activity Letter AM: Alternative fueler that produces an alternative fuel mixture that is sold for use or used in the alternative fueler’s trade or business. See Notice 2006-92, sections 2, 3, and 4.

Note: Alternative fuel does not include ethanol, methanol, biodiesel, or renewable diesel. Under Public Law 116-94, an alternative fuel mixture no longer includes a mixture with liquefied petroleum gas, compressed or liquefied natural gas, or compressed or liquefied gas derived from biomass.

1. Does your business qualify for the Form 637 “AM” 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 “AM” 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.

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2. Does your business produce alternative fuels? Yes No

If yes, please list the type of alternative fuel and expected annual volume.

Type of Alternative Fuel	Expected Annual Volume

3. Does your business create/import alternative fuel mixtures?

Yes No

If yes, please list the type of mixture, taxable fuel that it is blended with, percentage of mixture, and expected annual volume.

Alternative Fuel Mixture	Taxable Fuel	% By Volume of Alternative Fuel	% Of Volume Taxable Fuel	Expected Annual Volume

4. Does your business purchase alternative fuel or alternative fuel mixtures?

Yes No

If yes, list the name and address of all the business's suppliers for alternative fuel or alternative fuel mixtures and type purchased.

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5. Does your business use alternative fuel or alternative fuel mixtures for use as a fuel in your trade or business?

Yes No

If yes, list the type of use.

6. Does your business sell alternative fuel or alternative fuel mixtures for use as a fuel in a trade or business?

Yes No

If yes, please explain.

7. List all locations and storage facilities where alternative fuel or alternative fuel mixture are stored. List the expected volume (in gallons) of alternative fuel sold.

Name and Address of Facility	Product	Capacity of Tank(s)	Expected Annual Volume

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8. Does your business store any alternative fuel mixtures to which it does not hold title?

Yes No

If yes, please list where this inventory stored? For whom is it stored? Are separate inventory records maintained?

9. Does your business sell alternative fuel on consignment?

Yes No

If yes, where is this inventory stored? For whom is it stored? Are separate inventory records maintained? Who is filing claims for the production or importation of the fuel?

10. Please list all production agreements with alternative fuel marketing firms that your business plans to implement within the year.

11. List the names and addresses of all customers that your business has sold or plans to sell alternative fuel without the federal excise tax? Indicate with an (*) any customer who purchases in bulk quantities.

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

13. 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

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