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.)**

"F" QUESTIONNAIRE

Activity Letter F - Nonprofit educational organization, other than a public school, buying taxable tires, certain heavy vehicles, sport fishing equipment (including fishing rods and fishing poles), fishing tackle boxes, bows, quivers, broadheads, points or arrow shafts for its exclusive use.

Registration allows a nonprofit educational organization described in IRC 170(b)(1)(A)(ii), or a school operated as an activity of an organization described in IRC 501(c)(3), to purchase article subject to excise tax tax-free from the manufacturer. This registration does not apply to purchases of taxable fuel (gasoline, diesel fuel, and kerosene).

,	
Does your business qualify for the Form 63	37 "F" Registration?
□ Yes □ No	
• If yes, please complete questions below	v and return this form.
• If no, please sign the statement below,	date, and return this form.
I request my Form 637 "F" Registration be deengaged in this activity.	enied or revoked as I am no longer
Printed Name	Title
Signature	 Date
Note: This request must be signed by a person w	

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.			
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Provide a general description of the type of educational facility, including faculty, curriculum, and student body. Include brochures, if available. Also provide a copy of your business's tax-exempt determination letter.					
Describe how the products will be used in the operation of the organization.					
4. List activities (other than educational) conducted by the organization.					
 5. Does your business store any motor fuel? ☐ Yes ☐ No If yes, provide the location, capacity, and type of fuel stored in all tanks. 					
	all vehicles that your business operates. Prov del, type of fuel used, and number and type of icle.				

Name:		EIN:					
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	the name, and address of your business's sup						
business federal excise tax free products. List the type of products that your business purchases from each of these suppliers.							
8. Does your business resell any products that your business bought tax- free?							
□Ye	es 🗆 No						
If yes	s, to whom?						
List the name and phone number of a person whom we can contact about this application/registration.							