

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.)**

## “BC” QUESTIONNAIRE

**Activity Letter BC:** Qualified blood collector organization buying taxable fuel, taxable tires, and certain heavy vehicles; claiming exemption from the communications tax and heavy highway vehicle use tax; or to claim a credit or payment of certain excise taxes, for its exclusive use in the collection, storage, or transportation of blood. See Notice 2006-92, section 7.

1. Does your business qualify for the Form 637 “BC” 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 “BC” 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. Is your business primarily engaged in the activity of collecting human blood?

Yes  No

3. Does your business have an IRS Determination Letter under 501(c)?

Yes  No

**If yes**, please provide a copy.

4. Does your business have evidence of registration from the Food and Drug Administration as a Blood Collector for each facility that your business owns and/or operates?

Yes  No

**If yes**, please provide a copy.

5. Furnish the following information for all vehicles used in the transportation of human blood.

Model	Year	License Plate #	Type of Fuel (Gas/Diesel)	Tire Size

6. What is the estimated number of tires purchased annually for all vehicles used in the transportation of human blood?

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7. List the name and address of all your business's tire suppliers.

Name	Address

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