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.)**

"I" QUESTIONNAIRE

Activity Letter I - Buyer (other than nonprofit educational organization or state or local government) of taxable tires for use on certain intercity, local, or school buses.

Definitions— (1) Intercity bus transportation—(i) In general. An automobile bus is engaged in intercity bus transportation if it is engaged in the furnishing (for compensation) of passenger land transportation available to the general public and the bus is engaged in (A) Scheduled transportation along regular routes; or (B) Nonscheduled transportation if the seating capacity of the bus is at least 20 adults (not including the driver).

L. Does your business qualify for the Form 637☐ Yes ☐ No	"I" Registration?			
• 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 "I" 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.:				
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2. Furnis	h the following informat	ion for all vehicles	used by your bu	usiness:			
Model	Year	License Plate #	Seating Capacity	Tire Size			
3. What is the estimated number of tires purchased annually?							
4. List th	e name and address of	all your business's	s tire suppliers.				
E. Dans and discount in the form of the fo							
5. Does your business provide transportation for public or private schools?☐ Yes ☐ No							
If yes , provide a list of the schools or school systems for which the company provides transportation and a copy of each contract.							

Name:		EIN:			
Address:		637 Reg No.:			
City, State, Zip:		OMB No.:	1545-1835		
6. Does your business provide regularly scheduled intercity or local bus transportation? ☐ Yes ☐ No					
If yes	s, provide the route schedules.				
7. List the name and phone number of a person whom we can contact about this application/registration.					