

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.)**

“CA” QUESTIONNAIRE

Activity Letter CA: Producer of clean transportation fuel which is sustainable aviation fuel (SAF).

Producers are required to be registered under IRC 4101 per IRC 45Z(f)(1) to file a claim for the IRC 45Z credit. See Notice 2024-49.

1. Does your business qualify for the Form 637 “CA” 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 that my Form 637 “CA” 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 currently producing, or does your business plan to begin producing, a transportation fuel that is sustainable aviation fuel (SAF) in the United States that may be eligible for the clean fuel production credit under IRC 45Z?

Yes No

If yes, when was the last time that your business produced SAF synthetic blending component or co-processed SAF? If you are not currently producing, provide the expected date you plan to begin production.

3. Check the box(es) representing activities in which your business is engaged. Please provide a copy of a certificate of analysis, demonstrating the conformance.

- Producer of SAF synthetic blending component (ASTM D7566 Annex)
- Producer of co-processed SAF (ASTM D1655 Annex A1)

4. List the specific ASTM D7566 Annex under which the SAF synthetic blending component is produced (if applicable).

5. If you produce SAF by co-processing an appropriate feedstock with a petroleum feedstock during the production of ASTM D1655 kerosene, list type of feedstock and percentages.

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

6. If you produce SAF by coprocessing an appropriate feedstock with a petroleum feedstock, does it meet the requirements of ASTM D1655 Table 1?
Yes No

If yes, please provide a copy of certificates of analysis for representative batches demonstrating conformance.

7. List all locations where SAF synthetic blending component and/or co-processed SAF is produced.

Type of non-SAF Transportation Fuel	Name and Address of Facility	Annual Production Capacity (Gallons)	Expected Annual Volume

8. List the name and address of all feedstock suppliers, include the type, country of origin, and annual volume of product purchased.

Feedstock	Name and Address of Supplier	Country of Origin	Expected Annual Volume

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

9. List all locations of storage facilities where feedstock, SAF synthetic blending component, co-processed SAF, and/or products used in blending are stored.

Product Description	Name and Address of Facility	Fuel Tank Capacity (Gallons)	Expected Annual Volume

10. Does the SAF your business produces have a lifecycle greenhouse gas emissions rate of less than 50 kilograms of CO₂e per mmBTU based on the most recent Carbon Offsetting and Reduction Scheme for International Aviation (CORSIA), or any similar methodology which satisfies the criteria under section 211(o)(1)(H) of the Clean Air Act?

Yes No

If yes, list the emissions rate of the SAF produced.

Type of non-SAF Transportation Fuel	Feedstock(s)	Emissions Rate

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

11. Has your business's SAF synthetic blending component or co-processed SAF been certified by an unrelated party demonstrating compliance with any general requirements, supply chain traceability requirements, and information transmission requirements established under either CORSIA or a similar methodology that satisfies the criteria under section 211(o) (1)(H) of the Clean Air Act?
Yes No

If yes, please provide a copy of the latest unrelated party certification.

12. Which unrelated party organization provided the certification (e.g., ISCC or RSB)?

13. Does your business sell SAF synthetic blending component to an unrelated person for use by such person in the production of a fuel mixture? Yes No

If yes, list the customer and type of product being sold.

Customer Name	Product

14. Does your business sell SAF synthetic blending component and/or co-processed SAF to an unrelated person for use by such person in a trade or business?
Yes No

If yes, list the customer and type of product being sold.

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

Customer Name	Product

15. Does your business sell SAF synthetic blending component and/or co-processed SAF to an unrelated person who sells such fuel at retail to another person and places such fuel in the fuel tank of such other person?

Yes No

If yes, list the customer and type of product being sold.

Customer Name	Product

16. Will your company be claiming the clean fuel production credit under IRC 45Z ?

Yes No

If yes, please provide a detailed explanation on how you calculated the credit.

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

17. Please list all production agreements that your business already has or plans to implement within the year.

18. Does your business store any product to which it does not hold title?

Yes No

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

19. Does your business sell or plan to sell any SAF to a related company?

Yes No

If yes, describe the arrangements.

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

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