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.)**

"CN" QUESTIONNAIRE

Activity Letter CN: Producer of clean transportation fuel which is not sustainable aviation fuel (non-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	"CN"	Registra	ation?

- 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 "CN" 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.

□Yes □ No

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begi may □Yes If yes produ	our business currently producing, or does your producing, a non-SAF transportation fuel in be eligible for the clean fuel production credit \sum \no\no\no\no\no\no\no\no\no\no\no\no\no\	the United Sta t under IRC 45 our business p	ites that Z? roduces or plans to
stan fuel	the specific ASTM or Society of Automotive E dard(s) or other standard(s) under which non- is produced. Please provide a copy of a certif constrating conformance.	-SAF transport	ation

4. How does your company determine that your fuel is suitable for use as a transportation fuel?

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5. Does lifecy CO2	ycle greenh de per mmB □No	ouse ga TU?	sportation fuel your busi as emissions rate of less rate of the non-SAF tran	than 50 kilogi	ams of	
_						
	rpe of non-S ansportatior		Feedstock(s))	Emissions I	Rate
			Feedstock(s)		Emissions I	Rate
Tra	ansportation	n Fuel	Feedstock(s)			Rate
Tra	all locations	s where		fuels are prod		Expected Annual Volume
6. List a	all locations	s where	non-SAF transportation	fuels are prod	uced. Production pacity	Expected Annual
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7. List the name and address of all feedstock suppliers, include the type, country of origin, and annual volume of product purchased.

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Feedstock			Name and Address of Supplier		Country Origin		Expected Annual Volume
8. List	all lo	cations	s of storage facilities where feedst	ock n	on-SAF		
			uels, and/or products used in blen			l .	
Product Description		tion	Name and Address of Facility		Fuel Tank Capacity (Gallons)		Expected Annual Volume
	son fo		ness sell non-SAF transportation t by such person in the production o				es
If yes	, list t	he cu	stomer and type of product being	sold.			
			Customer Name		Product		
10. Doe	s vou	ır busi	ness sell non-SAF transportation t	uel to	an unrela	ated	
20.000	- y - u			3.07 10	J J OI		

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person for use by such person in a trade or bus		□No
Customer Name	,	Product
Customer Name		1 Toduct
11. Does your business sell non-SAF transportation person who sells such fuel at retail to another person? □Ye	erson and place s □No	
If yes, list the customer and type of product being	j sola.	
Customer Name		Product
12. Will your company be claiming the clean fuel pro 45Z? □Yes □No If yes, please provide a detailed explanation on h		

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13. Plea	ase list all production agreements that your bu	siness already	has or
	s to implement within the year.	,	
14. Doe □Yes	es your business store any product to which it o	does not hold t	itle?
If yes	, where is this inventory stored, and for whom tory records maintained? Who is filing claims f	is it stored? A or the product	re separate ion of the fuel?
	s your business sell or plan to sell any non-SA related company?	AF transportati	on fuel
If yes	, describe the arrangements.		

Name:		EIN:	
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	the name and phone number of a person who ut this application/registration.	om we can con	tact