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**Pennsylvania Department of Agriculture
Biofuel Production Facility Registration**

SECTION A	APPLICANT INFORMATION		
	Full legal business name (owner's name if sole proprietor)		Site Identification #
	D.B.A. (if applicable)		
	Mailing Address		
	City	State	Zip

SECTION B	RESPONSIBLE OFFICER, PARTNER, MANAGER OR OWNER			
	First Name	M. I.	Last Name	
	Phone No. () - Ext.	E-mail		
	Address			
	City	State	Zip	County

SECTION C	PERSON TO CONTACT FOR INFORMATION, IF DIFFERENT FROM SECTION B			
	First Name	M. I.	Last Name	
	Title	Primary Phone () - Ext.		
	Secondary Phone (optional) () - Ext.	Fax () - Ext.		
	E-mail			
	Address			
	City	State	Zip	

SECTION D	FACILITY INFORMATION			
	Facility Name			
	PHYSICAL LOCATION OF FACILITY (NO P.O. BOX)			
	Address (Physical Location)			
	City	State PA	Zip	County
	Directions to Physical Location			
FACILITY CAPACITY ANTICIPATED PRODUCTION START DATE				
Plant Capacity (Gallons)	(Anticipated) Production Start Date (mm/dd/yyyy) / /	Type of Fuel <input type="checkbox"/> Biodiesel <input type="checkbox"/> Ethanol		

SECTION E	REQUIRED SUPPORTING DOCUMENTATION	
	<input type="checkbox"/> Copy of IRS Form 637 and related documents. <input type="checkbox"/> Confirmation of EPA registration under 40 CFR Part 79. <input type="checkbox"/> Certification that the biofuels produced meets or exceeds ASTM Standards. <input type="checkbox"/> Copy of Pennsylvania Motor Fuels license issued by the Pennsylvania Department of Revenue.	
	Important: Registration is not complete without supporting documentation.	

SECTION F	SIGNATURE	
	I verify that the information provided in this document is true and accurate. I understand that I may be subject to the criminal penalties prescribed by the Crimes Code (at 18 Pa.C.S.A. Section 4904) for unsworn falsification to authorities if there are false statements in this document. That crime carries a jail term of up to 5 years, and a fine of between \$1,000 and \$5,000. Being aware of the possibility of criminal prosecution relating to false statements, I hereby verify that the information provided in this document is true and accurate.	
	Signature	Date: (mm/dd/yyyy) / /

SECTION G	FILING PROCEDURES	
	Complete, sign, date and mail the original form and all supporting documentation to the following address:	
	Pennsylvania Department of Agriculture Bureau of Ride and Measurement Standards Weights and Measures Division 2301 N. Cameron Street Harrisburg, PA 17110 If you require assistance in completing this form, you may contact the department at (717) 787-9089.	