

# BIOFUEL DISTRIBUTOR APPLICATION

## Instructions

Any entity that wishes to become an APS Eligible Liquid Biofuel distributor must submit the following application to the Department of Energy Resources (Department). The Department shall review all applications and determine if each applicant meets all eligibility requirements prior to being approved.

The completed and signed application must be sent electronically to [thermal.DOER@state.ma.us](mailto:thermal.DOER@state.ma.us). Include in the Subject line: APS Liquid Biofuel Distributor Application - [Distributor Name].

Please note the Department reserves the right to audit all information provided in this form and request additional information as necessary.

Distributor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, and Zip Code \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Aggregation Name: \_\_\_\_\_

NEPOOL GIS Generation Unit Asset ID#: \_\_\_\_\_

NEPOOL GIS Plant – Unit Name: \_\_\_\_\_

NEPOOL GIS Account Holder: \_\_\_\_\_

Do you plan to purchase Eligible Liquid Biofuel from  
a supplier or wholesaler on the Department's Biofuel  
Suppliers List? ☐ Yes ☐ No

Please list all biofuel suppliers or wholesalers you anticipate purchasing Eligible Liquid Biofuel from:

Eligible Liquid Biofuel Supplier or Wholesaler	Listed on the Department's Biofuel Suppliers List (Y/N)	Anticipated Percentage of Eligible Liquid Biofuel Purchased per Supplier/Wholesaler
<b>Total</b>	-	100%
<b>Estimated volume of Eligible Liquid Biofuel (gallons/year)</b>		



**Certification**

I certify that I have been granted authority to submit this application. I also certify that as part of my qualification as an Eligible Liquid Biofuel distributor I shall make all end users of APS Eligible Liquid Biofuel aware that the fuel being delivered and consumed by an end user may contain an amount of biofuel up to a specific threshold. This threshold may be determined on a case by case basis and be within a reasonable margin of the biofuel delivered. Furthermore, I hereby certify, under pains and penalties of perjury that I have personally examined and am familiar with the information submitted herein, and based upon my inquiry of those individuals immediately responsible for obtaining information; I believe the information is true, accurate, and complete. I am aware that there are significant penalties, both civil and criminal, for submitting false information, including possible fines. My certification below certifies all information submitted in this application, including all required attachments.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*For Internal Use Only*

Approved as APS Eligible Liquid Biofuel distributor?

☐ Yes☐ No

APS ID Number: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_