**DRAFT PRIORITY END-USE CERTIFICATE FORM**

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| **DEPARTMENT OF [Insert Name]**[*Insert Agency Name*][*Insert Agency address*]CERTIFICATE OF PRIORITY END‐USEPlease Print or Type – Application Must Be Legible and Signed. Return To Above Address. |  |
| PART I: IDENTIFICATION |
| Date of Request | EIN Number | PART II: SUPPLIER/SUPPLY DATA |
|  | MONTH | DAY | YEAR |  | 1. Supply Volumes for Requested Product (In Gallons)
 |
|  |  |  |  |  |  |
| 1. Name of Company/Applicant Submitting Request (Last name first if individual)
 | Month | Current | Actual Purchases for the Last Twelve Months |
| Year | Purchases | Year | Volume |
| 1. Mailing Address of Company/Applicant *(Street, City, State, Zip Code, County)*
 | (1) Jan |  |  |  |  |
| (2) Feb |  |  |  |  |
| (3) Mar |  |  |  |  |
| 1. Name and Phone *(Including area code)* of Contact Person
 | (4) Apr |  |  |  |  |
| (5) May |  |  |  |  |
| 1. Name of Delivery Location *(If different from mailing address)*
 | (6) Jun |  |  |  |  |
| (7) Jul |  |  |  |  |
| (8) Aug |  |  |  |  |
| 1. Address of Delivery Location *(If different from delivery location) (Street, City, State, Zip Code, County)*
 | (9) Sep |  |  |  |  |
| (10) Oct |  |  |  |  |
| (11) Nov |  |  |  |  |
| (12) Dec |  |  |  |  |
| (13) Total |  |  |  |
| 1. Applicant’s Classification: (a)  Police Agency (b)  Fire Fighting Units (c)  Emergency Medical Services (d) Other

Explain:  |
| PART III: SUPPLIER/SUPPLY DATA Storage Capacity: |
| 1. Supplier Information (Enter the information requested below for each current supplier for motor gasoline. List on the first line the principal immediate supplier. If more than three, use an additional sheet.)
 |
| Name and Mailing and Mailing Address (a) | City, State and Zip Code(b) | Supplier’s Name(c)  | % of Volume(d) | Name and Phone Number (including area code) of Contact Person (e) |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. Justification of Volumes Requested

*(Describe in detail the reasons justifying the requested volumes as normal and reasonable for intended use and provide reasons why the product is needed. Use additional sheets as needed.)* |
| PART IV. CERTIFICATION *(To Be Completed by All Applicants)* |
| I hereby certify that all information submitted as part of this application is true, accurate and complete to the best of my knowledge, that any quantity requested for priority use will be used only for that requested use, and that an amended application for a downward base period adjustment will be filed if the need for the volume assigned pursuant to this application declines. |
| Name of Applicant or CompanyOfficial | Title of Applicant or CompanyOfficial | Signature | Date Signed (Month Day Year]) |