



## OXYGENATE BLENDER REGISTRATION FORM

\_\_\_\_\_  
 Name of Business

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Name of Applicant

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Physical Location of Principal Executive Office

\_\_\_\_\_  
 Physical Location of Principal Business Office in California

\_\_\_\_\_  
 Physical Location of Records

**Position of Applicant:** (check one)

- Proprietor/Owner     
  Corporate     
  Officer     
  Partner

**Legal Structure of Business:** (check one)

- Sole Proprietorship     
  Corporation     
  Partnership

**Type of Business:** (check all that apply)

- Hauler   
  Broker   
  Blender   
  Refiner   
  Wholesaler   
  Retailer

\_\_\_\_\_  
 Board of Equalization Number

\_\_\_\_\_  
 Corporation Number

I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

Please forward completed form to:

California Air Resources Board  
 Enforcement Division  
 P.O. Box 2815  
 Sacramento, CA 95812  
 (916) 322-7061