

**BLENDER PUMP INFRASTRUCTURE PROGRAM APPLICATION**  
**NORTH DAKOTA DIVISION OF COMMUNITY SERVICES**  
 SFN 59918 (03/10)



P.O. Box 2057  
 Bismarck, ND 58502-2057  
 Telephone: (701) 328-2687 - Fax: (701) 328-2308  
 ahpfennig@nd.gov  
[www.blenderpumps.nd.gov](http://www.blenderpumps.nd.gov)

*Please complete and submit this form with all required supporting documents.*

1. Name of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Blender Pump Project Address:  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Contact Person Name: \_\_\_\_\_  
 Affiliation with Applicant: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

4. DUNS Number \_\_\_\_\_ CCR Registration  Yes  No

5. Is the ND Department of Health Certification Form attached with the application?

*NOTE: This certification form acknowledges your site's existing or new infrastructure has been approved to handle blends greater than E-10. This form must be submitted and approved by state officials before any work can be done on a site.*

Yes  No

*\*Certification form must be submitted as supporting documentation to the application. The form can be found at: <http://www.ndhealth.gov/wm/Publications/CertificationOfBiofuelsBlenderPumpInstallation.pdf>.*

6. Budget: The following budget information **MUST** be completed. If you need additional space, please use separate pages.

<i>Item</i>	<i>DOC Funds</i>	<i>Total Cost</i>
<b>TOTAL</b>		

7. Number of gas/ethanol blender pumps being installed \_\_\_\_\_  
 Number of diesel/biodiesel blender pumps being installed \_\_\_\_\_

*\* The North Dakota Corn Council may provide an additional \$2,500 per gas / ethanol blender pump once qualifications are met.*

7. Expected project beginning date \_\_\_\_\_ Expected project completion date \_\_\_\_\_

8. Name(s) of local area that will be served by the project (counties, cities, municipalities, etc.):

9. Describe the anticipated market for biofuels at the project site, including major roadways within the service territory and other information that you feel would be useful in evaluating the potential effectiveness of this project:

10. Will the pumps utilize resources (feedstock, refined product, or both) produced in ND?

Yes  No

a. Please list where you anticipate getting your supply:

11. Will blender punps replace pumps already in place?

Yes  No

Certification:

I, the undersigned authorized representative of the applicant, certify that to the best of my knowledge the information in the application is true and correct, and, if funded, the applicant will carry out the project activities in the manner described in this application and sell biofuels for a minimum of 24 months at the retail location listed above. I also certify that the applicant shall maintain accounting records in accordance with generally accepted governmental accounting principles and that the funds awarded will be included in those audits or financial statements that cover all or part of the project duration period noted above. I further certify that the applicant represents a gasoline retail station within the state of North Dakota and is in compliance with all local, state and federal laws and regulations for constructing and operating motor fuel storage and dispensing equipment. I also further certify that the applicant is in good financial standing and has no delinquencies on existing North Dakota State Government grants or loans.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Mail an original of the completed application and supporting documents to:

**Andrea Holl Pfennig**  
**North Dakota Department of Commerce**  
**Office of Renewable Energy & Energy Efficiency**  
**P.O Box 2057**  
**Bismarck, North Dakota 58502-2057**

For Commerce Use Only				
	Approved	Amount of Grant		Authorized Signature:
	Denied	Date		