

BLENDER PUMP INFRASTRUCTURE PROGRAM APPLICATION
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
 SFN 59918 (06/11)



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

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

1. Name of Applicant _____
 Address _____
 City _____ State _____ Zip _____
2. Blender Pump Project Address (if different from above):
 Address _____
 City _____ State _____ Zip _____
3. Contact Person Name _____
 Affiliation with Applicant _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

4. ND Department of Health Certification Form must be 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.

**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>.*

5. Bid from vendor must be attached with the application.
6. Budget: The following budget information **MUST** be completed. If you need additional space, please use separate pages.

Item	Total Cost
Pumps	
Tank	
Piping	
Other	
TOTAL	

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 ethanol blender pump for pumps 1-4, \$5,000 for ethanol pumps 5-8, for a total of up to \$30,000 per retail location.*

8. Expected project beginning date _____ Expected project completion date _____

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

Yes No

a. Please list where you anticipate getting your supply:

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 install pumps with nickel plated components and any required additions to handle high blends of ethanol in the manner described in this application and sell biofuels for a minimum of 12 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		