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## ARIZONA CBG REGISTRATION FORM

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One registration form is required for each registering facility. Registration form(s) must be submitted to the above address in advance of the first date of production, importation, or handling of CBG or AZRBOB. Changes to this form must be submitted to the Weights and Measures Services Division no later than ten (10) calendar days after the effective date of the change. Please refer to Arizona Administrative Code R3-7-750 for further registration requirements.

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### Section I. Business Name, Address, Authorized Agent's Name, Telephone/FAX.

Business Name Address City State Zip Code

BMF# Contact Name Telephone FAX

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### Section II. Facility Type (as defined in R3-7-701). The facility may register for more than one type.

1) Refiner\_\_\_\_ 2) Importer\_\_\_\_ 3) Oxygenate Blender\_\_\_\_ 4) Pipeline\_\_\_\_ 5) Third Party Terminal\_\_\_\_

Facility Name Address City State Zip Code

Contact Name Telephone FAX

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### Designated On-line Reporting Contact Information

(This individual is responsible for filing and certifying reports on-line and will be sent a User ID and access code for on-line reporting by the facility.)

Designated On-line Reporting Contact Telephone E-mail Address

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### Section III. Record Keeping.

Are records for this facility kept: On-Site\_\_\_\_ and/or Off-Site\_\_\_\_? If records are kept off-site, please complete the following:

Primary Storage Facility Name Address City State Zip Code

Contact Name Telephone FAX

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**Section IV. Independent Laboratory Use.**

Will an independent laboratory be used to meet the requirements of A.A.C. R3-7-752(F) or R3-7-755(E)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please complete the following:

_____	_____	_____	_____	_____
Laboratory Name	Address	City	State	Zip Code
_____	_____	_____	_____	_____
Responsible Official	Telephone	FAX		

**Refiners**

Please choose one of the following options from R3-7-752(F):

- 1) Independent Testing Option 1 \_\_\_\_\_, (Independent laboratory will collect and analyze every batch.)
- 2) Independent Testing Option 2 \_\_\_\_\_, (Ten percent [10%] of the total number of batches will be collected and analyzed by the independent laboratory.)

**Note:** It is the registrant's responsibility to communicate with their independent laboratory that test results are to be submitted to the Weights and Measures Services Division directly from the independent laboratory in the correct format and on the correct date, as stated within the Arizona Administrative Code.

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**Section V. EPA Registration Number.**

If applicable, EPA Registration Number as supplied under 40 CFR 80.76(f):

\_\_\_\_\_  
EPA Registration Number

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**Section VI. Statement of Consent.**

I hereby certify and attest that I have the authority to act on behalf of and bind \_\_\_\_\_ (Business Name), and that the information provided is true and accurate to the best of my knowledge. On behalf of \_\_\_\_\_ (Business Name), I hereby provide consent to the Weights and Measures Services Division or its authorized agent to collect samples and assess documentation and records as provided in Arizona Administrative Code R3-7-752. I agree that changes to any information provided in this registration form will be sent to the Associate Director of the Weights and Measures Services Division no later than ten (10) calendar days after the effective date of the change.

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Position Business Name Date