MARYLAND FORM

306

APPLICATION FOR REGISTRATION OF EXCHANGE AGREEMENT, SPECIFICATIONS AND ADDITIVES



(In accordance with Business Regulation Article, §10-305 through §10-309 and regulations pertaining thereto.)

| Name of Manu | ufacturer or Refiner Acc | uiring Product | Street | t Address | | | | | |
|----------------------|---|--------------------|-------------------|-------------------------------------|-------------------|----------|---------------------------|--|--|
| Federal ID # | | Phone # | | City | | State | ZIP | | |
| Annual | Additional | Emergency | Period o | of Agreement: From | | | То | | |
| IN | IFORMATION RE | QUIRED FOR I | EACH GRADE | OF GASOLINE AI | | DISTI | LLATE FUELS | | |
| Attach refine | ery specifications for | each grade of pro | duct acquired via | this exchange, as w | ell as for each g | rade of | product sold in Maryland. | | |
| | e partner from who sheet is required | | | acquisition and the i Maryland.) | ndividual produ | ıcts acq | uired. | | |
| | Exchange Partner | | Source Po | bint City | Products A | Acquired | by Type and Grade | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Additives int | roduced (by product | t and grade) after | receipt in Maryl | and, or at time of sh | ipment. | | | | |
| Additive Designation | | Product | Grade | How Injected, At | | | What Point and Amount | | |
| | | | | | | | | | |
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File this information annually by December 31 to reflect the next year's established activity. File additional exchange agreements as they occur throughout the year, using this form. Report deletions as they occur, by letter, to the Field Enforcement Division.

I certify under the penalties of perjury that this EXCHANGE AGREEMENT has been examined by me and to the best of my knowledge is true, correct and complete, covering the exchange shown hereon by the parties indicated.

MANUFACTURER OR REFINER ACQUIRING PRODUCT

| • | | FIELD EN | | | N | | |
|---------------------------------|---------|----------|----------|--------------|--------------------|-----|--|
| Signature | | Date | | Name and Tit | tle (please print) | | |
| Federal ID # | Phone # | | City | | State | ZIP | |
| Name of Person, Firm or Corpora | tion | | Stre | eet Address | | | |
| | | EXCH | ANGE PAR | TNER | | | |
| Signature | | Date | | Name and Ti | tle (please print) | | |
| | | | | | | | |