

**COMPTROLLER OF MARYLAND
FIELD ENFORCEMENT DIVISION**
P.O. BOX 2397, ANNAPOLIS, MD 21404-2397
410-260-7388, 888-674-0017 (Toll-Free), 410-974-5564 (Fax)

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 Manufacturer or Refiner Acquiring Product | | Street Address | | |
| Federal ID # | Phone # | City | State | Zip |
| <input type="checkbox"/> Annual | <input type="checkbox"/> Additional | <input type="checkbox"/> Emergency | Period of Agreement: From _____ To _____ | |

INFORMATION REQUIRED FOR EACH GRADE OF GASOLINE AND MIDDLE DISTILLATE FUELS

Attach refinery specifications for each grade of product acquired via this exchange, as well as for each grade of product sold in Maryland.

List exchange partner from whom products are acquired, point of acquisition and the individual products acquired.
(A separate sheet is required for each source-point serving Maryland.)

| Exchange Partner | Source Point City | Products Acquired by Type and Grade |
|------------------|-------------------|-------------------------------------|
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Additives introduced (by product and grade) after receipt in Maryland, or at time of shipment.

| 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

| | | |
|-----------|------|--------------------------------------|
| Signature | Date | Name and Title <i>(please print)</i> |
|-----------|------|--------------------------------------|

EXCHANGE PARTNER

| | | | | |
|-------------------------------------|---------|--------------------------------------|-------|-----|
| Name of Person, Firm or Corporation | | Street Address | | |
| Federal ID # | Phone # | City | State | Zip |
| Signature | Date | Name and Title <i>(please print)</i> | | |