

**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 TERMINAL AGREEMENT AND ADDITIVES**

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

Name of Terminal Owner/Operator	Street Address			
Federal ID #	Phone #	City	State	Zip
Indicate the period of the terminal agreement:		From _____	To _____	

**INFORMATION REQUIRED FOR EACH GRADE OF GASOLINE AND MIDDLE DISTILLATE FUELS**

List the person, firm or corporation with who you have terminalling or "thru-put" agreements supplying the State of Maryland, along with the products by grade. *(Use a separate form for each location.)*

Terminal or Thru-Put for (Company)	Location (City)	Product & Grade	Storage	
			Separate	Co-Mingled
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additives introduced (by product and grade) by terminal operators after product is received into storage or at the time of shipment. Gasoline additives may only be introduced by a terminal operator who is also a registered refiner.

Additive Designation	Product	Grade	How Injected, At What Point and Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

File this information annually by December 31 to reflect the next year's established activity. File additional terminal 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 TERMINAL AGREEMENT has been examined by me and to the best of my knowledge is true, correct and complete, covering the terminalling shown hereon by the parties indicated.

**TERMINAL OWNER/OPERATOR**

Signature	Date	Name and Title <i>(please print)</i>
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**TERMINAL PARTNER**

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