**DRAFT APPLICATION FOR STATE SET-ASIDE**

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| **DEPARTMENT OF [Insert Name]**[*Insert Agency Name*][*Insert Agency Address*]**STATE SET-ASIDE APPLICATION CERTIFICATION OF** **PETROLEUM PRODUCT HARDSHIP** | **FOR STATE USE ONLY:** |
| Received: |  |
| Code Reviewed: |  |
| By Approval: |  |
| Date: |  |
| Notify: | App. |  | Supplier |  |
| Denial Date: |  | Notify |  |
|  |  |
| 1. **Applicant Identification Information:**
 |
|  |  |
| Applicant Name | Business Phone (Include Area Code) |
|  |  |
| Street/Box/RFD | Home Phone (Optional) |
|  |  |
| City, State, Zip Code | Individual to Contact |
|  |  |
| County | Months for Which Applicant is Seeking Assistance? |
|  |  |
| 1. **Location for Delivery of Product if Different from Above:**
 |
|  |  |
| Street/Box/RFD | City, State, Zip Code |
|  |  |
| 1. **Applicant’s Classification:**
 | 1. **Product Requested:**
 |
|  |  | (Submit *one* application for *each* product requested) |
|  | Wholesale Purchaser-Distributer (Jobber) |  | Gasoline |  | Number 1 Fuel Oil |
|  | Wholesale Purchaser-Retailer (Gas Station) |  | Diesel |  | Number 2 Fuel Oil |
|  | End-User |  | Propane |  |  |
|  |  |
| 1. **Supplier(s). Name of the prime supplier (major oil company) that is ultimate supplier** *(If supplied by a jobber or distributer, indicate their name* ***and*** *the name of their supplier)***:**
 |
|  | My existing supplier(s), named below is unable to supply the quantity requested. |
|  | I do not have a supplier. The two suppliers named below have been contacted and could not supply the product requested. |
|  |  |
| Supplier Name | Supplier Name |
|  |  |
| Street/Box/RFD | Street/Box/RFD |
|  |  |
| City, State, Zip Code | City, State, Zip Code |
|  |  |
| Contact Name | Contact Name |
|  |  |
| Contact Phone (Include Area Code) | Contact Phone (Include Area Code) |
|  |  |
| Check One |  | Existing Supplier | Check One |  | Existing Supplier |
|  | Potential Supplier |  | Potential Supplier |
|  |  |

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| 1. **Indicate total amount of product received each month from supplier(s) for the base year (Month/Year) through (Month/Year).**

Base Period of Supply Volume by Month in Gallons (Indicate the year next to the month) |
| **Month** | **Year** | **Supply Volume** | **Month** | **Year** | **Supply Volume** |
| January |  |  | July |  |  |
| February |  |  | August |  |  |
| March |  |  | September |  |  |
| April |  |  | October |  |  |
| May |  |  | November |  |  |
| June |  |  | December |  |  |
| **Total Base Period Supply Volume** |  |
| Does this base period supply volume agree with your supplier? Check |  | Yes |  | No |
|  |
| 1. **The following question is for motor fuel requests only:**
 |
| * 1. Indicate your purchases (gallons) in:
 |
| October (Year) |  | November (Year) |  | December (Year) |  |
| January (Year) |  | February (Year) |  | **Five Month Average** |  |
|  |
| * 1. Did you overdraw on your allocation last month?
 |  | Yes |  | No | By how much (gallons)? |  |
|  |  |  |  |  |  |
| **If yes, please provide explanation for the overdrawn allocation:** |
|  |  |  |  |  |  |
| 1. **Describe the type of customers you are requesting product for, the nature of the business, and amount of product requested for each.** *Attach additional sheets as necessary.*
 |
| **Business Name and Phone Number** | **Type of Business** | **Fuel Requirement Amount Requested (Gallons)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. **Describe in complete detail the reason or your hardship. Please be specific. Explain all circumstances and situations related to hardship request. This information will be investigated and will act as the principal basis for evaluation of the request. For each of the customers listed above, indicate the nature of the supply problems.** *Attach additional sheets as necessary.*
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| 1. **Certification (Please remember to sign).**

I certify that all of the above information is true and accurate and that any quantity granted will be used for purposes herein described and will not be diverted to other uses. I further certify that I have an energy conservation program in effect. |
|  |  |  |
| **Name and Title** | **Signature** | **Date** |
| [Cite law and penalties that might be imposed under state laws for providing false or misleading information] |
| If different than above |  |
| Prepared by: |  |  |
|  |