Waiver to the E-15 Access Standard Request

Waiver Class 1 – Incompatibility of fuel storage and dispensing infrastructure

Retail Motor Fuel Site: Name of company and store, address, phone number, name of person submitting: Name of Company: Name of Store: Address: Phone: Name of person responsible for submitting the request: To be completed by the retail dealer: Inspection report completed by a certified or registered installation professional is included: Inventory and description of gasoline storage and dispensing infrastructure is included: Documentation of incompatible infrastructure is included: By signing this application, the retail dealer swears and affirms that all information in the application completed and submitted by the retail dealer is true and correct. Printed Name Signature Date To be completed by Iowa Department of Agriculture and Land Stewardship: The retail motor fuel site has a current commercial meter license for motor fuels: The retail motor fuel site has been recently inspected, sells and advertises for sale motor fuels: Waiver Class 1 request and submitted documents have been reviewed: Confirmation of certified or registered professional for inspection report: Certified or registered with Iowa Department of Agriculture and Land Stewardship: Certified or registered with Iowa Department of Natural Resources: The Waiver Request and included documentation have been reviewed and forwarded for consideration. **Recommended action**: Approve Deny A Class 1 incompatible infrastructure waiver to the E-15 Access Standard has been issued by the Iowa Department of Agriculture and Land Stewardship. Signature Date

Iowa Department of Agriculture and Land Stewardship E15 Incompatible Infrastructure Class 1 Waiver Checklist

ector name and compa	any	Date						
tion Name	Address							
complete the following in	nformation for every fue	el storage tank at the	retail locat	ion.				
Tank ID#	Tank Brand	Construction Material	Date Installed	Capacity	Fuel Currently Stored	Eligible for Class 1 Waiver (Y/N)		
aiou atoui ao halayy hanalay		- 11 4h - in-f		1 1.1: . 4 : .	turns and assument			
signatories below hereby	swear and amrm that	an the informatio	n on this c	neckiist is	true and correct.			
nature of Retail Dealer		Printed N	Printed Name of Retail Dealer					
nature of Certified Iowa	Installer	Printed N	Name of C	Certified Io	owa Installer			