

Reporting Year:

- Quarter 1 (Jan - Mar)       Quarter 2 (Apr - Jun)       Quarter 3 (Jul - Sep)       Quarter 4 (Oct - Dec)

Contact Information (required):

Name of Variance Holder:

Address:  City, State, Zip:

Contact Name:  Phone:  Fax:  E-Mail:

*Attach additional contact information for each additional office location. Identify which location(s) maintain records.*

Type of Business (check all that apply):

- Producer       Blender       Distributor       Sales to End User

<i>Since last reporting quarter, the following:</i>	Has NOT Changed	Has Changed (explain on separate sheet)
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- |                                  |                          |                          |
|----------------------------------|--------------------------|--------------------------|
| Storage and Dispensing Locations | <input type="checkbox"/> | <input type="checkbox"/> |
| User Group Information           | <input type="checkbox"/> | <input type="checkbox"/> |
| Fleet Information                | <input type="checkbox"/> | <input type="checkbox"/> |
| *Dispenser Information           | <input type="checkbox"/> | <input type="checkbox"/> |

\*Equipment Type and Manufacturer Name:

\*Model Number:

Fuel Type and Sales Information (number of gallons distributed or sold) this Quarter:

Gallons of B-100:        Gallons of B-XX state type and % of biodiesel:

Gallons of Other:  State Type of Fuel:

I did not sell / distribute any fuel this Quarter.

Vehicle / Equipment Damage or Failure this Quarter:

Damage or Failure?  Yes  No      If Yes, attach report documenting specific nature of damage/failure, type of fuel used, make/model of vehicle/equipment that was damaged or failed, and corrective action taken.

Fuel Standards Development:

*I have participated in or made my study findings available to an applicable consensus organization.*       Yes       No  
(If Yes, attach a separate sheet detailing any efforts towards fuel standards development this Quarter.)

Return Form To: California Department of Food and Agriculture (CDFA)  
Division of Measurement Standards (DMS)  
Developmental Engine Fuel Variance Quarterly Report Form  
6790 Florin Perkins Road, Suite 100  
Sacramento, CA 95828

Note: This completed form, along with any accompanying information, must be received at DMS within TWO WEEKS from the ending of said reporting quarter.

Signature:

Date:

Print Form