



913 N.E. 1st Street ● P.O. Box 7437
Bend Oregon 97708
541-382-4751 Phone
541-382-4905 Fax

CARDLOCK CERTIFICATION and FIRE SAFETY TRAINING TEST

ACCOUNT NAME _____ ACCOUNT _____

I hereby certify that the above person or entity meets the following criteria: (Read carefully and check one)

- 1. Purchasing diesel only.
- 2. A business, non-profit organization, charitable organization or governmental agency which was using a cardlock system continuously since 6/30/91. (Must supply documentation dated prior to 6/30/91)
- 3. A business, non-profit organization, charitable organization or governmental agency which became a cardlock user after 6/30/91 **and** agree to purchase 900 gallons or more of fuel (gasoline and diesel combined - Class 1 Flammable liquid) from any source during each 12 month period **and** agree to supply proof of gallonage use upon request of Bend Oil Company or the State Fire Marshal.
- 4. A farmer or other entity for which the fuel purchased through the cardlock system qualifies as a deductible farm expense for federal income tax purposes. (Must supply a current Schedule "F", see below)
- 5. A governmental agency providing fire, ambulance or police services.

I further agree to dispense Class 1 flammable liquids into container or the tank of a motor vehicle that is owned or used **solely** by the business identified above. I also agree that **no personal use** is allowed at any time and I understand that I am subject to a citation by the state fire marshal for violating this agreement.

*** I have included one of the following documents (unless diesel only box is marked above):

Federal EIN # _____ ** Your SS# does *not* apply here, must provide one of the below

- Copy of current Contractors License
- Copy of income tax "Schedule C- Profit & Loss from a Business" ** Entire front page
- Copy of income tax "Schedule F- Profit & Loss from Farming" **Line 21 *must* have a number on it
- Copy of P.U.C. permit

Do you have vehicles with PUC plates? _____ If so, in order to purchase Oregon state tax exempt diesel you must provide a copy of your PUC permit *and* a tax exemption certificate. (Ask us for this form)

I agree that all Ex-Tax cards issued to my account now, or in the future, will be used solely to purchase fuel for vehicles with a red PUC plate or I will be subject to penalty under Oregon state law. I further certify that I have satisfied the safety training requirements in compliance with the rules of the state fire marshal and that all of the above information is true and correct.

COMPLETE TEST ON BACK

OWNERS SIGNATURE

DATE

DRIVERS LIC #

PRINT NAME

SS #

BIRTH DATE



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FIRE SAFETY TRAINING TEST SUPPLEMENT TO CERTIFICATION

This test is to be self-administered. In order for you to have access to unattended automated fueling sites in the state of Oregon, you must *successfully* complete this test for fire safety instruction. Please read the material provided to you and then answer the questions below.

1. Smoking is not permitted at any fueling facility. T F
2. I must stop my engine when fueling. T F
3. The following safety equipment is found at all Cardlock sites. (Mark each that is true.)
 - Fire Extinguishers
 - Emergency Stop Buttons (For stopping equipment from dispensing fuel)
 - Emergency Shut-Off Switch (Located within 75 ft. of the island)
 - Telephone or Alarm System
4. If a fire should occur at the site, I should dial _____ or the emergency number for assistance.
5. If a fuel spill occurs at the site, I should dial the _____ number posted at the site.
6. Gasoline is a hazardous material. T F
7. Drinking gasoline is no more harmful than drinking water. T F
8. In case of contact with skin, I should thoroughly wash with _____ and _____ .
9. If gasoline is swallowed, I should:
 - Induce vomiting.
 - Not induce vomiting.
10. Gasoline cannot safely be put into a milk carton. T F
11. Portable containers of less than 12 gallons must be placed on the ground before filling T F

I certify that I have received and read the fire safety training material provided to me by Bend Oil Co. **I agree to distribute the safety brochure to all employees under my supervision and certify that they have been trained in the safe operation of gasoline dispensing equipment at unattended automated fueling sites.**

Signed _____ Date: _____

Company Name _____ Phone: _____