

Government of Alberta ■ **BIOENERGY PRODUCER CREDIT PROGRAM APPLICATION**
Energy **SCHEDULE D1 – LIQUID BIOFUELS**

Facility or Project Name: _____

Date of application: _____
 (yyyy/mm/dd)

SCHEDULE D1 PRODUCT ELIGIBILITY – Liquid Biofuels

To be completed by applicants under Program 1 (Liquid biofuels)		Attachments
1.	Production status Select appropriate situation: <input type="checkbox"/> Currently capable of commercial production. Please complete all questions. or <input type="checkbox"/> Not yet producing. Questions 2 and 10 must be answered. Please complete other questions as fully as possible given the current stage of project development. Completion and confirmation of information will be a condition of qualifying to receiving credits.	
2.	Production Technology Please identify the production technology or process used to manufacture the bioenergy product:	<input type="checkbox"/> Attachment
Measurement and Calibration		
3.	Initial Measurement For the purposes of the BPCP, the standard unit of measure for liquid biofuels is litres. Please identify the initial unit of measure. <input type="checkbox"/> Volume (litres) <input type="checkbox"/> Volume (Imperial gallons) <input type="checkbox"/> Volume (US gallons) <input type="checkbox"/> Weight (metric tonnes) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Attachment
4.	Conversion and Standardization Factors Please supply the formula and any standard factors, standard conditions, degree of accuracy, and any assumptions used to convert the production quantity to a standardized volume in litres.	<input type="checkbox"/> Attachment
5.	Point of Measurement Please identify the point and conditions of measurement of the Bioenergy Product for the purposes of reporting production under the BPCP (e.g., point of transfer off site; truck weigh scale).	<input type="checkbox"/> Attachment

6.	Measuring Equipment	Please identify the equipment used to measure production, including model name and number and manufacturer.	<input type="checkbox"/> Equipment photo or information from manual (required for built and producing facilities)																		
7.	Equipment Calibration	<p>Who checks or calibrates the measurement system, and how often?</p> <table border="1" data-bbox="397 451 1274 892"> <thead> <tr> <th data-bbox="397 451 690 504"><i>Agent</i></th> <th data-bbox="690 451 982 504"></th> <th data-bbox="982 451 1274 504"><i>How often?</i></th> </tr> </thead> <tbody> <tr> <td data-bbox="397 504 690 577">Measurement Canada</td> <td data-bbox="690 504 982 577"> <input type="checkbox"/> Calibration <input type="checkbox"/> System check </td> <td data-bbox="982 504 1274 577"></td> </tr> <tr> <td data-bbox="397 577 690 640">Purchaser of bioenergy product</td> <td data-bbox="690 577 982 640"> <input type="checkbox"/> Calibration <input type="checkbox"/> System check </td> <td data-bbox="982 577 1274 640"></td> </tr> <tr> <td data-bbox="397 640 690 703">Qualified engineer (employee)</td> <td data-bbox="690 640 982 703"> <input type="checkbox"/> Calibration <input type="checkbox"/> System check </td> <td data-bbox="982 640 1274 703"></td> </tr> <tr> <td data-bbox="397 703 690 766">System operator (employee)</td> <td data-bbox="690 703 982 766"> <input type="checkbox"/> Calibration <input type="checkbox"/> System check </td> <td data-bbox="982 703 1274 766"></td> </tr> <tr> <td data-bbox="397 766 690 892">Other (specify):</td> <td data-bbox="690 766 982 892"> <input type="checkbox"/> Calibration <input type="checkbox"/> System check </td> <td data-bbox="982 766 1274 892"></td> </tr> </tbody> </table> <p data-bbox="397 892 1274 1062">The system must be recalibrated at least annually unless a different calibration frequency has been established by Measurement Canada.</p>	<i>Agent</i>		<i>How often?</i>	Measurement Canada	<input type="checkbox"/> Calibration <input type="checkbox"/> System check		Purchaser of bioenergy product	<input type="checkbox"/> Calibration <input type="checkbox"/> System check		Qualified engineer (employee)	<input type="checkbox"/> Calibration <input type="checkbox"/> System check		System operator (employee)	<input type="checkbox"/> Calibration <input type="checkbox"/> System check		Other (specify):	<input type="checkbox"/> Calibration <input type="checkbox"/> System check		<input type="checkbox"/> Attachment
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System operator (employee)	<input type="checkbox"/> Calibration <input type="checkbox"/> System check																				
Other (specify):	<input type="checkbox"/> Calibration <input type="checkbox"/> System check																				

Bioenergy Product Inventory

8.	Inventory	<p>Do you hold this bioenergy product in inventory?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "Yes", please specify:</p> <p>a. Inventory on hand at time of application: _____</p> <p>b. Inventory storage capacity: _____</p> <p>c. Maximum period held in inventory (months or weeks): _____</p> <p>_____</p>	<input type="checkbox"/> Attachment
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Standards and Quality Assurance

9.	Product Standards	<p>What standards are the bioenergy product intended to meet?</p> <p><input type="checkbox"/> Canadian General Standards Board (CGSB) <input type="checkbox"/> ASTM (United States) <input type="checkbox"/> Other standard: _____</p>	<input type="checkbox"/> Copy of standards or product specifications (required if not published on a website)
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		<p>a. Provide the full reference citation of the applicable standard(s) and a website link if available. If not available, please attach a copy of the title page and summary description of the standard:</p> <p>b. Explain if meeting the above standard(s) is an obligation for your facility due to a market requirement, purchaser agreement or program requirement (other than the BPCP):</p>	
10.	Quality testing	<p>Please describe the sampling procedure for quality testing:</p> <p>a. Frequency of testing: _____</p> <p>b. Size of sample: _____</p> <p>c. Number of samples per test: _____</p> <p>d. Point in process when sampling is done: _____</p> <p>e. Sample is intended to be representative of: _____</p>	<input type="checkbox"/> Attachment
11.	Testing Service	<p>Who carries out the analysis (e.g., in house testing facility; named third party facility)?</p> <p>If analysis is conducted in house, what are the qualifications of the individual who signs off on the certificate of analysis?</p>	<input type="checkbox"/> Attachment
Please use this space for any additional comments.			