

Application for Permission to Obtain Tax Free Ethanol

Forward completed application to [Environmental Health and Safety](#), or fax to (515) 294-9357. Unless otherwise indicated please print all information.

Applicant Name _____

Net ID _____

Department _____

Principal Investigator/Manager _____

Account Number _____

The undersigned agrees to the following terms and conditions for the withdrawal and use of tax-free ethanol:

1. Applicants will ensure strict compliance with all laws of the United States, as put forth by the Alcohol and Tobacco Tax and Trade Bureau of the U. S. Department of the Treasury, relating to the manufacture, taxation and control of tax-free ethanol as well as the laws of the State of Iowa.
2. The amount of tax-free ethanol withdrawn from storage will be the minimum quantity practicable.
3. All tax-free ethanol withdrawn will be secured under lock and accessible only to the Principal Investigator or Manager and their designated employee(s).
 - a. Building location: _____
 - b. Room Number: _____
4. An accurate written inventory of the ethanol, as it is consumed, will be maintained with the ethanol by the authorized person.
5. The use of tax-free ethanol will be restricted to the Iowa State University premises and in no instance will tax-free ethanol be used in the manufacture or preparation of food products or beverages.
6. Research products, reagents, dilutions and veterinary pharmaceuticals that contain tax-free ethanol will be restricted to the Iowa State University premises.

In order to obtain tax-free ethanol the authorized person must present photo identification at time of withdrawal.

Undersigned has completed "Tax-free Ethanol Training."

Signature of Applicant _____

Date _____

EH&S Approval
Signature _____

Date _____