

FORM 8 AGRICULTURAL BIOMASS**APPLICATION FOR CERTIFICATE OF TRANSPORTATION**

New Mexico Energy, Minerals and Natural Resources

Department 1220 South St. Francis Dr. Santa Fe, NM 87505

New Mexico Administrative Code 3.3.33 and 3.4.20



For ECMD USE Only

www.CleanEnergyNM.org

(505) 476-3310

Applicant shall submit one application for each dairy or feedlot operation.

***Asterisk indicates required information**Social Security Numbers (SSN) or Employer Id Numbers (EIN) are accepted. Report only one primary SSN or EIN *unless you will* file separately.**NM Taxpayer Information CONFIDENTIAL** (when Social Security Number entered)

1 *Name:	Title: Mr /Ms / Mrs /Dr First Name Middle Initial Last Name	*SSN or EIN													
2 Name:	Title: Mr /Ms / Mrs /Dr First Name Middle Initial Last Name	SSN or EIN													
3 *Mailing Address:	Street Number or HWY Street Name or PO Box # Town or City	*ZIP (+ 4)													
4 *Contact Information:	Phone Number with Area Code Email Address	Other Contact	Phone Number with Area Code or Email Address												
5 *Date(s) of Taxable Year:	Dates of Taxable Year Application is Being Made		6 Multiple Owners of Dairy or Feedlot Claiming Tax Credit: Attach individual ownership allocation <input type="checkbox"/> Check												

Dairy or Feedlot Facility Information

7 *Facility Name:	Facility Name		County		State		
8 *Facility Location:	Street Number or HWY	Street Name	Town or City	If Street Address is Unavailable	Township	Range	Section
9 *Description of Facility Operation:	Description of Facility						
10 *Description of Equipment Used to Collect and Transport Agriculture Biomass:	Description of Equipment						
11 *Attach Photographs of Equipment <input type="checkbox"/> Check							
12 *Attach Daily Data showing the number of milking cows, dry cows and heifers present at the dairy or feedlot during the specified time period. <input type="checkbox"/> Check	Description of Equipment						
13 *Complete Form 9, Agriculture Biomass Datasheet <input type="checkbox"/> Check	14 Applicant Agreement						

The applicant named above and signing this statement agrees that all information provided in this application package is true and correct to the best of the applicant's knowledge. The applicant has read the certification requirements of NMAC 3.3.33 and 3.4.20. The applicant understands that there are annual aggregate limits in place to the amount of biomass that will qualify for the agriculture biomass income tax credit and that the department must certify the transportation of the biomass documented in this application package before the applicant is eligible for a state tax credit. Furthermore, the applicant agrees to allow the department or its authorized representative to inspect the dairy or feedlot operation that is described in the application package at any time after the submission of the application package with not less than five business days notice to the applicant.

*APPLICANT'S SIGNATURE_____
*DATE_____
APPLICANT'S SIGNATURE_____
DATE_____
*APPLICANT'S PRINTED NAME_____
APPLICANT'S PRINTED NAME