

**REQUEST FOR AUTHORITY
TO DISPOSE OF RECORDS**

(See Instructions on Reverse)

LEAVE BLANK	
DATE RECEIVED JUN 11 1976	JOB NO NC1-434-76-1
NOTIFICATION TO AGENCY	
In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped disposal not approved or withdrawn in column 10.	
7-19-76 Date	<i>James B. Rhoads</i> Archivist of the United States

TO GENERAL SERVICES ADMINISTRATION,
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, D.C. 20408

1 FROM (AGENCY OR ESTABLISHMENT)
Federal Energy Administration

2 MAJOR SUBDIVISION
Region II, New York

3 MINOR SUBDIVISION
Operations Division

4 NAME OF PERSON WITH WHOM TO CONFER
Eugene W. Hennessy

5 TEL EXT
264-8051

6 CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records, that the records proposed for disposal in this Request or _____ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

5/27/76
(Date)

Frederick Jones
Eugene W. Hennessy
(Signature of Agency Representative)

Director, Office of Dir. & Pubs.
Acting Director, Operations
(Title)

7 ITEM NO	8 DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9 SAMPLE OR JOB NO	10 ACTION TAKEN
Item	Fuel Allocation Case Files, containing FEO-17 applications, correspondence, work sheets and allocation orders.		
Quantity	17,000 files processed from 12/1/73 through this date. Additional files being formed at rate of 100 per month.		
File Disposal Schedule	This is the initial accumulation of allocation records to be retired by FEA - Region II. The files are arranged numerically, cut off at time of resolution of case. Transfer to FRC one (1) year thereafter. FRC will retain for 10 years and then destroy. DESTROY when 10 years old. <i>JK 7/15</i>		

Copy to Agency, 2N & 2NC 7-23-76

1 item

¶ 18,017 Form FEO-17

Form Number	Number of Parts
FEO-17 (1-74)	One

Title

Request for Assignment of a Supplier or Adjustment of Base Period Supply Volume.

Instructions for Use

Printed on the form.

Who Should Submit?

Wholesale purchasers, suppliers, International or Civil Air Carriers and Public Aviation.

Submit to

The current or prospective supplier, the Regional Office of FEO, or the FEO National Office pursuant to instructions on the form.

Use Cycle

As required.

Regulations Reference

Section 205.13.

Section 211.13.

FEDERAL ENERGY OFFICE
MANDATORY PETROLEUM PRODUCTS ALLOCATION PROGRAM
REQUEST FOR ASSIGNMENT OF A SUPPLIER
OR ADJUSTMENT OF BASE PERIOD SUPPLY VOLUME

Do Not Write in this Box.
Case # _____
Received _____
Processed _____
Reply Sent _____

1 Name of Company		1a Date			6 Employer Identification Number (Internal Revenue Service Number)	
2 Street Address		Year	Month	Day		
3 City	4 State	5 Zip Code		10 Type of Product Complete separate form for each type of fuel		
7a Person to Contact		7b Telephone (Include Area Code)		10a <input type="checkbox"/> 110 Propane	10o <input type="checkbox"/> 540 #5 & #6 for Non-Utilities	
8 Location to which supply is delivered (If different from above Attach additional sheets if more than one location - Complete 8a through 8d)				10b <input type="checkbox"/> 120 Butane	10p <input type="checkbox"/> 550 Bunker C	
8a Street Address - Delivery Location		8b City		10c <input type="checkbox"/> 130 Propane/Butane Mix	10q <input type="checkbox"/> 560 Navy Special	
8c State		8d Zip Code		10d <input type="checkbox"/> 200 Motor Gasoline	10r <input type="checkbox"/> 570 Other	
9a Storage Capacity of Delivery Location (Gallons)		9b Current Inventory of Delivery Location (Gallons)		10e <input type="checkbox"/> 310 Kerosene	10s <input type="checkbox"/> 710 Lubricants	
11 Type of Request (Please Check)				10f <input type="checkbox"/> 320 #2 Heating Oil	10t <input type="checkbox"/> 720 Special	
11a <input type="checkbox"/> Request For Assignment of Supplier				10g <input type="checkbox"/> 330 Diesel Fuel	10u <input type="checkbox"/> 730 Solvents	
11b <input type="checkbox"/> Request for Assignment of Base Period Supply Volume				10h <input type="checkbox"/> 340 Other Middle Distillates	10v <input type="checkbox"/> 740 Miscellaneous	
11c <input type="checkbox"/> Request for Adjustment of Base Period Supply Volume - Adjustment less than 20%*				10i <input type="checkbox"/> 410 Aviation Gasoline		
11d <input type="checkbox"/> Request for Adjustment of Base Period Supply Volume - Adjustment Equal To or Greater Than 20%*				10j <input type="checkbox"/> 420 Kerosene Jet Fuel		
11e <input type="checkbox"/> Request for Assignment of Non Bonded Fuels (See Instructions)				10k <input type="checkbox"/> 430 Naphtha Jet Fuel		
*All adjustments must be greater than 10% for motor gasoline and 5% for all other products.				10l <input type="checkbox"/> 510 #4 for Utilities		
				10m <input type="checkbox"/> 520 #5 & #6 for Utilities		
				10n <input type="checkbox"/> 530 #4 for Non-Utilities		
				10w Specify Grade of Product		

12 Name and Address of Suppliers (or Potential Suppliers if Requesting Assignment of a Supplier) - Complete 12a through 12f Last principal supplier on the first line and others below If more than four, provide additional sheets

12a Name of Supplier	12b Supplier Address (City, State, Zip)	12c Brand Name of Supplier	12d % of Base Period Supplied	12e Person to Contact & Telephone	12f Willing to Supply? Yes ___ No ___
(1)					Yes ___ No ___
(2)					Yes ___ No ___
(3)					Yes ___ No ___
(4)					Yes ___ No ___

12g Supplier's Decision on this request - Completed by Supplier

Supplier Name _____ Please check appropriate box.

Approved Disapproved If disapproved, indicate reasons for disapproval

FEO-17(1-74)50M
(Supercedes OOG-PAP-17-11-73)

13 Product Purchased For
 _____ Resale
 _____ End Use - describe briefly

14 If there is a credit or legal problem involving your supply, briefly describe (Attach additional information if necessary)

15 Base Period Supply Volume by Month (Gallons)		15a Base Period Year
January	May	September
February	June	October
March	July	November
April	August	December
15b Base Period Supply Volume		Total

15c Does this base period supply volume agree with your supplier?
 Check Yes No If "No" attach copy of Base Period Supply Volume Report and briefly describe disagreement

16 Actual purchases in the last twelve months and the percentage of the comparable base period month (Total for all use categories in 16b)

Month	Year	Gallons	% of Base Period	Month	Year	Gallons	% of Base Period
January	19			July	19		
February	19			August	19		
March	19			September	19		
April	19			October	19		
May	19			November	19		
June	19			December	19		
						Total	

16a. Actual Purchases in the last twelve months. Total

16b Actual purchases in the last twelve months and the percentage of the comparable base period month by use category (Space for three use categories is provided. If more than three exist, attach additional sheet using the following format)

(1) Use Category _____ (Indicate name) _____

Month	Year	Gallons	% of Base Period	Month	Year	Gallons	% of Base Period
January	19			July	19		
February	19			August	19		
March	19			September	19		
April	19			October	19		
May	19			November	19		
June	19			December	19		
						Total	

(2) Use Category _____ (Indicate name) _____

Month	Year	Gallons	% of Base Period	Month	Year	Gallons	% of Base Period
January	19			July	19		
February	19			August	19		
March	19			September	19		
April	19			October	19		
May	19			November	19		
June	19			December	19		
						Total	

(3) Use Category _____ (Indicate name) _____

Month	Year	Gallons	% of Base Period	Month	Year	Gallons	% of Base Period
January	19			July	19		
February	19			August	19		
March	19			September	19		
April	19			October	19		
May	19			November	19		
June	19			December	19		
Total							

17 Requested adjusted base period supply volume and the percentage of the comparable base period month

Month	Year	Gallons	% of Base Period	Month	Year	Gallons	% of Base Period
January	19			July	19		
February	19			August	19		
March	19			September	19		
April	19			October	19		
May	19			November	19		
June	19			December	19		
17a Requested adjusted base period supply volume						Total	

18 Justification for volumes requested in item 17 above Describe in detail the reasons justifying this request (See Instructions)

19 Have you applied to the State for exceptional hardship? Check Yes No If "yes", briefly describe

20 Have you ever filed this form with the Federal Government for the type of fuel you are presently requesting action? Check Yes (if yes give case #) No

21 Other significant factors, special requirements, or remarks (Provide additional sheets if required)

22 List titles of attached sheets.

23 Certification - I hereby certify that the above statements are true, accurate, and complete to the best of my knowledge and that any quantity requested for priority use will be used only for that use

Signature of person completing form

Signature and title of certifying company official

24. International Air Carriers
Additional Certification for Assignment of Non-Bonded Fuels - I hereby certify that bonded fuel supplies are not available at any price to provide a level of fuel comparable to the average percentage of base period fuel currently supplied to other international air carriers operating into the U.S

Signature and title of certifying company official

Title 18 USC Sec 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

¶ 18,018 Form FEO-18

Form Number
FEO-18 (1-74)

Number of Parts
One

Title
Base Period Supply Volume Report

Instructions for Use
Printed on the form.

Who Should Submit?*
Suppliers of:
Motor Gasoline
Middle Distillates
Aviation Fuels
Residual Fuel Oil
Other Products
Miscellaneous (including petrochemicals).

Submit to
Each of his wholesale purchasers by Feb. 1, 1974.

Use Cycle
As noted above.

Regulations Reference
Section 211.12.

***Other Usage**
Wholesale purchaser who disagrees with the base period supply volume figures in the report from his supplier should enter his own figures on the form and submit copies to the appropriate FEO Regional Office for resolution.

FEDERAL ENERGY OFFICE

Mandatory Petroleum Products Allocation Program

Base Period Supply Volume Report

		Do Not Write in This Box																					
		Case # _____																					
		Received _____																					
		Processed _____																					
		Reply Sent _____																					
<p>1 Purchaser - Name of Company</p> <p>(1a) _____</p>		<p>10 Date</p> <p>(a) _____ / _____ / _____</p> <p style="text-align: center;">Year Month Day</p>																					
<p>2 Purchaser - Address of Company</p> <p>(2a) _____</p> <p style="text-align: center;"># & Street</p> <p>(2b) _____ (2c) _____ (2d) _____</p> <p style="text-align: center;">City State ZIP</p>		<p>11 Type of Fuel (Complete separate form for each type of fuel reported.) Check appropriate box.</p> <p>(11a) <input type="checkbox"/> 200 Motor Gasoline</p> <p>(11b) <input type="checkbox"/> 310 Kerosene</p> <p>(11c) <input type="checkbox"/> 320 #2 Heating Oil</p> <p>(11d) <input type="checkbox"/> 330 Diesel Fuel</p> <p>(11e) <input type="checkbox"/> 340 Other Middle Distillates</p> <p>(11f) <input type="checkbox"/> 410 Aviation Gasoline</p> <p>(11g) <input type="checkbox"/> 420 Kerosene Jet Fuel</p> <p>(11h) <input type="checkbox"/> 430 Naphtha Jet Fuel</p> <p>(11i) <input type="checkbox"/> 530 #4 for Non-Utility Uses</p> <p>(11j) <input type="checkbox"/> 540 #5 & #6 for Non-Utility Uses</p> <p>(11k) <input type="checkbox"/> 550 Bunker C</p> <p>(11l) <input type="checkbox"/> 560 Navy Special</p> <p>(11m) <input type="checkbox"/> 570 Other Residuals</p> <p>(11n) <input type="checkbox"/> 600 Petrochemical Feedstocks</p> <p>(11o) <input type="checkbox"/> 710 Lubricants (Specify) _____</p> <p>(11p) <input type="checkbox"/> 720 Special Naphthas</p> <p>(11q) <input type="checkbox"/> 730 Solvents</p> <p>(11r) <input type="checkbox"/> 740 Miscellaneous (Specify) _____</p>																					
<p>3 Purchaser - Employer Identification Number (if known)</p> <p>(3a) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p>																							
<p>4 Purchaser - Location for deliveries if different from above (For multiple locations attach sheets as needed)</p> <p>(4a) _____</p> <p style="text-align: center;"># & Street</p> <p>(4b) _____ (4c) _____ (4d) _____</p> <p style="text-align: center;">City State ZIP</p>																							
<p>5 Purchaser - Person to contact</p> <p>(5a) _____ (5b) _____</p> <p style="text-align: center;">Name Telephone Number</p>																							
<p>6 Supplier - Name of Company</p> <p>(6a) _____</p>																							
<p>7 Supplier - Address of Company</p> <p>(7a) _____</p> <p style="text-align: center;"># & Street</p> <p>(7b) _____ (7c) _____ (7d) _____</p> <p style="text-align: center;">City State ZIP</p>																							
<p>8 Supplier - Employer Identification Number</p> <p>(8a) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p>																							
<p>9 Supplier - Person to contact</p> <p>(9a) _____ (9b) _____</p> <p style="text-align: center;">Name Telephone Number</p>																							

12 Total Base Period Purchases - Year (12a) _____

Month	Supplier to Complete According to His Records (12b) (In Gallons)	Wholesale Purchaser to Complete According to His Records (12c) (In Gallons)	FEO Determination If Necessary (12d) (In Gallons)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

13 Supplier Certification - I hereby certify that the above statements for the supplier are true, accurate, and complete to the best of my knowledge

Signature of person completing for supplier

Signature and title of certifying company official for supplier

14 Purchaser Certification - I hereby certify that the above statements for the purchaser are true, accurate, and complete to the best of my knowledge

Signature of person completing form for purchaser

Signature and title of certifying company official for purchaser

15 Request for Determination - If supplier and wholesale purchaser cannot agree on base period purchases purchaser should indicate that fact below, add any significant comments, and submit three copies to the appropriate FEO Regional Office (Add sheets as needed.)

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FEO-18(1-74)50M
(Supersedes OOG-FAP-18 (11-73))

[Form FEA-25 begins on page 18,043.]