

VERMONT UNDERGROUND STORAGE TANK REGISTRATION AND/OR PERMIT FORM

Read instruction sheet carefully before completing this form. Print this form on legal size paper. In all cases Tank Owner must sign. Tank Owner and Tank Operator must sign if Tank Operator is to be the Permittee. For additional information call the Vermont Underground Storage Tank program at 802 828 1138. This form to be recorded in the local land records.

TANK OWNER/OPERATOR					
TANK OWNER			TANK OPERATOR (if different from owner)		
Name:			Name:		
Mailing address:			Mailing address:		
City:	State:	Zip:	City:	State:	Zip:
Tel:			Tel:		
Email:			Email:		
Contact Person (Individual):			Contact Person (Individual):		
Tel:			Tel:		
Email:			Email:		

Permittee (Person or Entity applying for Category 1 UST Permit) Same as Owner Same as Operator

A/B Operator		A/B Operator	
Name:		Name:	
Training Course:		Training Course:	
Certification Expiration Date:		Certification Expiration Date:	

LOCATION OF TANKS			
Facility ID#:		Facility Name:	
Facility Address:		Town/City:	State: VT Zip:
Tel:	Number of Tanks Owned:	Number of Tanks Owned by Other: _____ Owner:	

TYPE OF FACILITY (check one below)				WATER SUPPLY (check all that apply below)		
<input type="checkbox"/> Bulk	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Farm	<input type="checkbox"/> Federal	PUBLIC permitted to serve 25 or more people	NON-PUBLIC	
<input type="checkbox"/> Fish Hatchery	<input type="checkbox"/> Institutional	<input type="checkbox"/> Municipality		<input type="checkbox"/> Community	<input type="checkbox"/> Residence Private Well	
<input type="checkbox"/> Residential	<input type="checkbox"/> State	<input type="checkbox"/> Service		<input type="checkbox"/> Non-Transient, Non-Community	<input type="checkbox"/> Commercial Private Well:	
<input type="checkbox"/> Retail (store)	Hours unstaffed with dispensers operating:			<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Process Water Well	

LANDOWNER	
Name:	
Real estate SPAN #	

FINANCIAL RESPONSIBILITY (APPLICABLE TO PERMITTED TANKS ONLY – SEE INSTRUCTION SHEET FOR MORE DETAILS)		
VT Petroleum Cleanup Fund:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pollution Liability Insurance (if yes, submit a copy of the policy):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self-insured (if yes, documentation from Permittee's financial officer must be filed with the Agency of Natural Resources:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SITE CONTAMINATION HISTORY	
DEC Hazardous Site# (if known):	DEC Spill # (if known)

CERTIFICATION	
I certify under penalty of law that the information provided on this form and all attached document is true, accurate, and complete to the best of my knowledge. Further, I recognize that by signing this application, I am giving consent to employees of the State of Vermont to enter the subject property (facility).	
Printed Name of Owner (if a corporation, add Name & Title of Authorized Rep.)	Printed Name of Permittee (if a corporation, add Name & Title of Authorized Rep.)
Signature of Owner or owner's authorized representative	Signature of Permittee or permittee's authorized representative Date

FOR DEC USE ONLY										
<input type="checkbox"/> First	<input type="checkbox"/> Amended	<input type="checkbox"/> Registration	<input type="checkbox"/> Permit	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Change of Operator	<input type="checkbox"/> Change of Land Owner	<input type="checkbox"/> Tank Removal	<input type="checkbox"/> Change of Tank Information	<input type="checkbox"/> Change of Piping	# of Cots
Permit fee \$	Amt. Pd. \$	Check #	Date Rec'd. ___/___/20__			Financial Responsibility				
Comments: PIN #						Reviewed and Approved by:				

