

CHANGE OF OWNERSHIP FOR PETROLEUM STORAGE TANKS

OKLAHOMA CORPORATION COMMISSION
 PETROLEUM STORAGE TANK DIVISION
 P.O. Box 52000
 Oklahoma City, OK 73152-2000

Facility Number: _____ Date of Ownership Transfer: _____ Total No. of Tanks at Facility: _____ Number of USTs at Facility: _____ Number of ASTs at Facility: _____	STATE USE ONLY DATE RECEIVED: _____ A. Date entered into computer: _____ B. Data entry clerk initials: _____
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GENERAL INFORMATION

Storage tanks containing antifreeze, motor oil, motor fuel, gasoline, kerosene, diesel, or aviation fuel are regulated by the Oklahoma Corporation Commission's Petroleum Storage Tank Division. Underground petroleum storage tanks with capacity over 110 gallons must be registered, except for residential and non-commercial agricultural tanks with capacity of less than 1,100 gallons. Aboveground petroleum storage tanks with capacity over 110 gallons must be registered, except for farm and ranch tanks, emergency generator tanks, or tanks at fleet and commercial facilities less than 2,100 gallons individual storage capacity.

I. OWNERSHIP OF TANK (S) – NEW OWNER	II. LOCATION OF TANK (S)										
_____ Owner Name (Corporation, Individual, Public Agency) _____ Mailing Address _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">City & State ()</td> <td style="width: 50%; border: none;">Zip Code ()</td> </tr> <tr> <td style="border: none;">Phone Number ()</td> <td style="border: none;">Mobile Number</td> </tr> <tr> <td style="border: none;">Fax Number</td> <td style="border: none;">E-mail Address</td> </tr> </table>	City & State ()	Zip Code ()	Phone Number ()	Mobile Number	Fax Number	E-mail Address	_____ Facility Name or Company Site Identifier, as applicable _____ Physical Address (PO Box <u>NOT</u> acceptable) _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">City & State</td> <td style="width: 50%; border: none;">Zip Code ()</td> </tr> <tr> <td style="border: none;">County</td> <td style="border: none;">Facility Phone Number</td> </tr> </table> _____ Contact Person & Title	City & State	Zip Code ()	County	Facility Phone Number
City & State ()	Zip Code ()										
Phone Number ()	Mobile Number										
Fax Number	E-mail Address										
City & State	Zip Code ()										
County	Facility Phone Number										

III. PREVIOUS OWNER

_____ Name _____ Address	_____ City/State/Zip () _____ Phone Number
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IV. CERTIFICATION (Read and sign after completing all sections)

I certify that I am aware of the Oklahoma Corporation Commission regulations that apply to my tank system. I further certify under penalty of law that I have met the financial responsibility requirements in accordance with 40 CFR Part 280 Subpart H and that I have personally read, examined, and understand that the information submitted in this document and any accompanying attachments are true, accurate and complete.

Yes **No** I have received all tank system records pertaining to repair and release detection from the previous owner (for existing tank system transfer only).

V. SIGNATURE

(Print) New owner or authorized representative	Title
X	
Signature	Date

**PETROLEUM STORAGE TANK DIVISION
CHANGE OF OWNERSHIP
FINAL SIGN-OFF**

FACILITY INFORMATION

Facility Number

Facility Name

Address

City & State

Zip Code

Ownership of Property (Who owns the land the tanks are located on?)

Is the Owner of the tank(s) and property owner the same person/entity?

Yes

No (If no, please complete this section)

Property Owner Name:

Address:

State:

City:

Zip:

Phone:

Email:

(Print) Property Owner Name:

Property Owner Signature:

Operator Information

Is the Owner and Operator of these storage tanks the same person/entity?

Yes

No (If no, please complete this section)

Operator Name:

Address:

State:

City:

Zip:

Phone:

Email:

NEW OWNER CERTIFICATION AND SIGNATURE

I certify under penalty of law that I have personally examined and am familiar with the information submitted in section I. through XI. and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I have retained a copy of this registration for my own records.

I have met the financial responsibility requirements in accordance with 40 CFR Part 280 Subpart H. In Oklahoma this means you are ready and able to pay a co-pay amount up to 1% of the total cost of remediation not to exceed \$5,000 on any remediation of any pollution caused by a leaking storage tank. (Original signature goes to the Oklahoma Corporation Commission).

(Print) Name of owner or owner’s legal representative	Title
x	
Signature	Date:

Yes No

I have received all tank system records pertaining to repair and release detection from the previous owner (for existing tank system transfer only).

PLEASE NOTE:

*Pursuant to OAC 165:25-1-11 and OAC 165:26-1-2: “Owner” means any person as set forth in 17 O.S. § 303(27), including the real property owner where the storage tank system is still present, the storage tank system presence is a trade fixture or improvement or both. It is not necessary that the real property owner sold, used, or stored regulated substances in, of, or from the storage tank system. However, a real property owner who has a storage tank system located on their property that was taken out of service/use prior to November 8, 1984, is not considered to be a storage tank owner for any PSTD regulated purpose.

*Pursuant to OAC 165:25-1-51 and OAC 165:26-1-47: When the owner of an underground storage tank or aboveground storage tank transfers ownership of the facility or tank to another person, the new owner must notify PSTD within 30 days of the transfer, by submitting the appropriate PSTD form. The former owner must advise the Commission of the name and address of the new owner.