



State of Oregon
Department of
Environmental
Quality

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

GENERAL PERMIT REGISTRATION FORM

FOR DEQ USE ONLY
Date Rec'd _____
Ck No. _____
Amt Rec'd \$ _____
UST Permit _____

**TO MODIFY TANK OWNER, PERMITTEE OR
PROPERTY OWNER INFORMATION ONLY**

- This form is to be used when there is a change of tank owner, permittee or property owner. This form must be returned within 60 days of a change in tank owner, permittee or property owner so that a revised *General Permit Certificate to Operate* can be issued to insure the facility can continue to legally receive product deliveries such as motor fuel.
- A \$75 permit modification fee must accompany this form.
- Before DEQ can issue a new *General Permit Certificate to Operate*, you must submit proof of compliance with the financial responsibility rules. Acceptable mechanisms for demonstrating compliance with pollution liability requirements are found in OAR Chapter 340 – Division 151 and described in the publication *Dollars and Sense*. To obtain a copy of *Dollars and Sense* call 503-229-6652 or download it from the Internet at <http://www.epa.gov/swerust1/pubs/dollars.htm>.

FACILITY NAME: _____

FACILITY ADDRESS: _____

**PLEASE
PRINT**

CITY, STATE & ZIP: _____

DATE OWNER/PERMITTEE INFORMATION CHANGED: _____

PHONE: _____

FACILITY NUMBER: _____

SIC CODE: _____

REMINDER
1. Be sure signatures are provided for tank owner, permittee and property owner, even where one person fills all three roles.
2. Make copies for your records.
3. Include a check or money order for \$75 payable to DEQ.
4. Please return the general permit modification form, financial responsibility verification documents (i.e. Certificate of Insurance, Letter from Chief Financial Officer, etc.) and fee to:
DEQ, Attn: Revenue Section 811 SW 6th Avenue Portland, Oregon 97204

INSTRUCTION PAGE

UST SYSTEM OPERATOR REQUIRED

The owner or permittee of each UST facility issued an operating certificate must employ Class A, Class B and Class C operators who can properly operate and maintain the UST system and respond to events indicating emergency conditions and alarms caused by spills or releases from the UST system. For more details on implementing this requirement see rule OAR 340-150-0200 or go to <http://www.deq.state.or.us/lq/training.htm#Training>.

HELP WITH THIS PERMIT MODIFICATION FORM

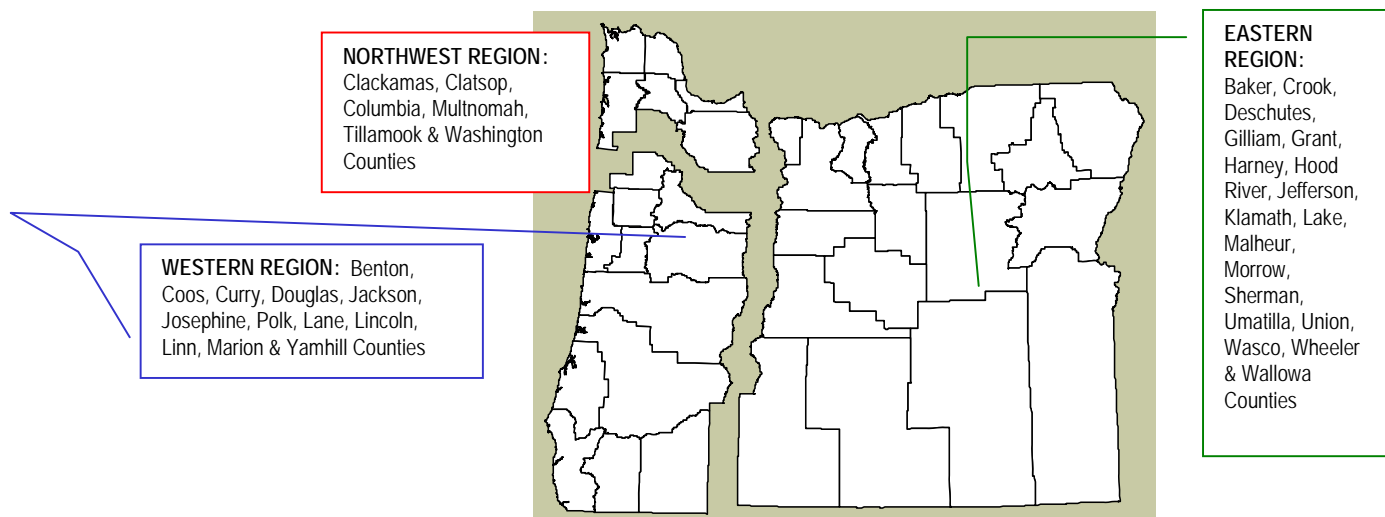
If you have any questions about this permit modification form, please phone the DEQ UST Program at (503) 229-6652. You can also phone the UST Program's toll-free number, 1-800-742-7878. This is a message answering machine for calls made within Oregon. Underground Storage Tank Program staff will return your calls within 24 hours. You can also send an e-mail to tanks.info@deq.state.or.us. Our regional staff are also available to answer questions regarding the general permit program and this permit modification form (see below for telephone numbers).

COPIES OF GENERAL PERMIT CONDITIONS AND REQUIREMENTS AND UST PROGRAM RULES

Copies of the general permit to operate conditions and requirements and UST Program rules and laws can be obtained from:

1. Any of the DEQ offices listed below,
2. By calling the UST HELPLINE at 1-800-742-7878,
3. tanks.info@deq.state.or.us, or
4. Downloading from the UST home page at:

<http://www.deq.state.or.us/lq/tanks/ust/index.htm>



EASTERN REGION/THE DALLES Phone: (541) 298-7255	WESTERN REGION / COOS BAY Phone: (541) 269-2721
NORTHWEST REGION Phone: (503) 229-5263	WESTERN REGION / EUGENE Phone: (541) 686-7838
UST HELPLINE (IN OREGON) 1-800-742-7878	WESTERN REGION / SALEM Phone: (503) 378-8240

TO MODIFY OWNERSHIP OR PERMITTEE INFORMATION
GENERAL PERMIT REGISTRATION FORM
TO OPERATE USTs

1. TANK OWNER* as registered with the
 Secretary of State, Corporations Division

 Name of Official (*Please Print*)

 Signature of Official Date

I will operate the previously registered USTs in accordance with the conditions and requirements of the general permit pursuant to OAR 340-150-0163.

 Mailing Address (*Please Print*)

 City, State and Zip Code

 Area Code and Telephone Number

2. PERMITTEE* as registered with the Secretary
 of State, Corporations Division

 Name of Official (*Please Print*)

 Signature of Official Date

I will operate the previously registered USTs in accordance with the conditions and requirements of the general permit pursuant to OAR 340-150-0163.

 Mailing Address (*Please Print*)

 City, State and Zip Code

 Area Code and Telephone Number

3. PROPERTY OWNER is name that appears
 on the County deed record for this property.

 Name of Official (*Please Print*)

 Signature of Official Date

 Mailing Address (*Please Print*)

 City, State and Zip Code

 Area Code and Telephone Number

* If this facility or tanks are owned by a person, or operated by a permittee, that is a business registered with the Secretary of State, Corporations Division, please use that legal business name for purposes of registering these USTs with the Department.

If you want annual tank fee invoice mailed to a party other than the permittee listed above, please provide the invoice name and address below. Otherwise leave this box blank.

4. INVOICEE NAME (*Please Print*)

 Mailing Address (*Please Print*)

 City, State and Zip Code

 Area Code and Telephone Number