

STATE OF MISSISSIPPI

CHANGE IN OWNERSHIP/OPERATION FOR UNDERGROUND STORAGE TANKS

For USTs in	Return Completed Form To:	Mississippi Dept. of Environmental Quality Office of Pollution Control – UST Branch P.O. Box 2261 Jackson, MS 39225	(state use only) ID # _____ Date Recorded: _____
MS			

Instructions

- This form must be completed and submitted within 30 days of becoming new owner or operator of underground storage tanks (USTs)
- Type or print in ink all items except "signature" in Sections I. and VII.
- The new owner/operator's signature and the old owner/operator's signature is required for this form to be valid.

I. Previous Ownership/Operation

Previous Owner/Operator Name	Signature of Previous Owner/Operator	Date Signed
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II. Ownership of Tanks

III. Location of Tanks

New Owner Name				Facility Name			MDEQ ID Number	
Mailing Address				Physical Address (P.O. Box not acceptable)				
City		State	Zip Code	City (nearest if not within city limits)			State	Zip Code
							MS	
Phone		Fax		County		Phone		
E-mail				Fuel Brand (BP, Exxon, Shell, etc.)			Indicate Total Number of USTs at this location	
NOTE: If any changes to the UST system have occurred during ownership/operation transfer, you must complete a Notification for Underground Storage Tanks form.				Will you participate in the Compliance Assistance Program (CAP) to provide you with reminders of upcoming testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No				

IV. Contacts

Each facility is required to have a trained UST Compliance Manager (Class A/B Operator). Include the UST Compliance Manager and other facility contacts.

UST Compliance Manger	Phone	Email
Mr.		
Ms.		
Other Contact	Phone	Email
Mr.		
Ms.		

VI. Financial Responsibility

Select a method showing how you have met the financial responsibility requirements in accordance with UST-2 Subpart H.

- State Trust Fund (motor fuel tanks only)
 Self Insurance
 Private Insurance
 Guarantee or Surety Bond

VII. Certification (Read and sign after completing all sections.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this 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.

Name and Title of UST Owner (type or print)	Signature of UST Owner	Date Signed
Mr.		
Ms.		