

**OWNER STATEMENTS OF
DESIGNATED (UST) OPERATOR
AND UNDERSTANDING OF AND COMPLIANCE WITH
UST REQUIREMENTS**



FACILITY NAME:	FACILITY ID #:
FACILITY ADDRESS:	Reason for Submitting this Form: (Check one)
FACILITY PHONE NO.:	<input type="checkbox"/> Change of Designated Operator <input type="checkbox"/> Update Certification Expiration Date

DESIGNATED UST OPERATOR(S) FOR THIS FACILITY

PRIMARY

Designated Operator's Name:	Relation to UST Facility: (Check one)
Business Name (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third Party
Designated Operator's Phone #:	
International Code Council Certification #:	Expiration Date:

ALTERNATE 1 (Optional)

Designated Operator's Name:	Relation to UST Facility: (Check one)
Business Name (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third Party
Designated Operator's Phone #:	
International Code Council Certification #:	Expiration Date:

ALTERNATE 2 (Optional)

Designated Operator's Name:	Relation to UST Facility: (Check one)
Business Name (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third Party
Designated Operator's Phone #:	
International Code Council Certification #:	Expiration Date:

NOTE: THE LOCAL REGULATORY AGENCY MUST BE NOTIFIED OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

NAME OF TANK OWNER

OR OWNER'S AGENT (Please Print): _____

SIGNATURE OF TANK OWNER

OR OWNER'S AGENT (Please Print): _____

DATE: _____

OWNER'S PHONE #: _____