

# Utah Petroleum Storage Tank Program Application for Certificate of Compliance

Facility ID# \_\_\_\_\_

**PST Owner Information**

**PST Facility Information**

Owner Name:			Facility Name:		
Address:			Address:		
City:	State:	Zip:	City:	State: UT	Zip:
Contact:		Phone:	Contact:		Phone:

**DESCRIPTION OF PETROLEUM STORAGE TANKS**

Tank #						
UST or AST						
Date Installed						
Capacity						
Substance Stored						

**TANK/LINE TIGHTNESS TEST** Indicate Pass or Fail for each tank and product line tested. Include a copy of the test.

Tank #						
Tank Test						
Line Test						

**TYPE OF FACILITY**

- Marketing facility, or non-marketer with facility average monthly throughput greater than 10,000 gallons.
- Non-marketer with facility average monthly throughput less than 10,000 gallons.

**COMPLIANCE WITH PST REGULATIONS**

- All Petroleum Storage Tanks (PSTs) at this facility have been registered.
- Registration fees and Petroleum Storage Tank Fund Fees have been paid.

Are your PSTs currently in compliance with all Federal, State, and Local PST regulations, including applicable Fire Code?

- Yes     No    If "No" describe items of non-compliance:

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**PREVIOUS POLLUTION INCIDENTS**

- Complete the Previous Pollution Incidents form to indicate whether a pollution incident has occurred at the facility.

**FINANCIAL RESPONSIBILITY MECHANISM DECLARATION (check one only)**

- I choose to participate in the Environmental Assurance Program (PST Fund) \*.**
    - Indicate the financial responsibility mechanism to be used for cleanup costs not covered by the Fund. \_\_\_\_\_
    - Indicate the number of non-regulated petroleum storage tanks at the facility. \_\_\_\_\_
- \* Non-regulated PSTs at the facility may be required to participate in the Environmental Assurance Program.

- I choose another Financial Responsibility mechanism for the PSTs at this facility.**
  - Indicate the financial responsibility mechanism to be used: \_\_\_\_\_
  - (For self-insurance or guarantee) Indicate your company's fiscal year end date: \_\_\_\_\_
  - (For Insurance) Indicate the date the policy is renewed each year: \_\_\_\_\_

The Certificate of Compliance cannot be issued until all documents have been submitted and the mechanism has been approved. If the mechanism has already been approved, submit documentation of coverage for the new tanks.

*I certify under penalty of law that the above representations made by me are true and correct.*

Owner/operator Signature \_\_\_\_\_

Date Signed \_\_\_\_\_