

ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

CHANGE OF OWNERSHIP/OPERATOR FOR UNDERGROUND STORAGE TANKS

Instructions

Please type or print in ink all items except the "Signature of New UST Owner/Operator" in Section V. This form must be completed and submitted within 30 days of acquiring ownership/operator of a UST. The new owner's/operator's signature is required in Section V for this form to be valid.

I. Facility Information

Ownership/Operator Transfer Date:

Previous Owner's/Operator's Name:

Address: _____

Phone Number: (_____) _____

II. Ownership/Operator of UST(s)

New Owner's/Operator's Name:

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Email: _____

III. Location of Tank(s)

Facility Name:

Address: _____

Phone Number: (_____) _____

Contact Person: _____

IV. Items to Complete for Permit Transfer

- Underground Storage Tanks – Facility Form
- Owner Statement/Assignment of Designated Operator
- Owner/Operator Agreement (If operator is not owner)
- Certification of Financial Responsibility
- Underground Storage Tank Monitoring Plan
- Underground Storage Tank Response Plan
- Hazardous Materials Business Plan (HMBP)

V. 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 document, 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 Official Title of New UST Owner/Operator (print)

Signature of New UST Owner/Operator

Date

Return this completed form to:

Alameda County Department of Environmental Health HazMat CUPA , 1131 Harbor Bay Pkwy, Alameda, CA 94502

Phone (510) 567-6700 Fax (510) 337-9335