



I. FACILITY AND CLIENT INFORMATION

Facility ID#		Facility Name			
County		Municipality			
Client's Name or Registered Fictitious Name		Client ID#			
II. PURPOSE OF SUBMITTAL					
<input type="checkbox"/> Change to C status , Currently In Use Tank(s) *		<input type="checkbox"/> Change to E status , Tank(s) registered in error only			
* For Underground Storage Tanks (UST), attach the UST Operator Training Documentation Form (2630-PM-BECB0514a) and copies of the Class A and Class B operator training certificates.		<input type="checkbox"/> Change Capacity			
<input type="checkbox"/> Change to T status , Temporarily Out of Use Tank(s)		<input type="checkbox"/> Change Substance			
		<input type="checkbox"/> Change Contact Information			
III. TANK INFORMATION					
Tank #	Change Date (Mo/Day/Yr)	Status	Capacity (Gallons)	Substance Name	CAS# Component %
IV. CONTACT INFORMATION					
FOR: <input type="checkbox"/> Facility Owner <input type="checkbox"/> Responsible Official <input type="checkbox"/> Facility Operator <input type="checkbox"/> Property Owner					
Is person below to receive the invoice and registration certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Last Name:		First Name:		MI:	Suffix:
Phone #:		E-mail:			
Company Name:					
Mailing Address:					
City:		State:	ZIP:		
V. OWNER SIGNATURE					
My signature represents to the Department that I own or represent the owner of the storage tank(s) and am aware of the responsibilities and potential liabilities as an "owner" arising under the Storage Tank and Spill Prevention Act of 1989 and all applicable regulations. I am also advised that statements made on this form are made subject to the penalties of 18 PA. C.S.A. Section 4904 relating to unsworn falsification to authorities.					
Type or Print Owner Name:					
Owner Signature		Phone		Date	
<input type="checkbox"/> Facility Owner		<input type="checkbox"/> Owner's Representative		<input type="checkbox"/> Facility Operator	
				<input type="checkbox"/> Property Owner	