



State of Rhode Island  
 Department of Environmental Management  
 Office of Air Resources – Stage II Vapor Recovery Program

**STAGE II SYSTEM DECOMMISSIONING COMPLETION CERTIFICATION**

**A.** Date decommissioning was completed \_\_\_\_\_.

**Please Note:**

The entire Stage II system must be decommissioned in accordance with Petroleum Equipment Institute’s (PEI) Recommended Practices.

**B. Stage II System Documentation**

Name of Stage II System Responsible Official	Telephone Number
Name of Facility Where Stage II System is installed	
Physical Address of Facility	
City/Town	RI State
	Zip Code
Stage II Facility Account No.	Underground Storage Tank (UST) ID No.

**C. Certification of Decommissioning**

Was the entire Stage II system decommissioned in accordance with: PEI Recommended Practices for Installation and Testing of Vapor Recovery Systems at Vehicle-Fueling Sites, PEI/RP300-09, Chapter 14, Decommissioning Stage II Vapor Recovery Piping?

YES            NO

Have all the required tests on the testing form been performed and passed?

YES            NO

Is a fully completed and signed PEI RP300 Stage II Decommissioning Checklist attached to Notification?

YES            NO

Stage I Testing Form attached?

YES            NO

EVR Equipment List attached?

YES            NO

**Stage II System Responsible Official Compliance Certification Statement:**

I certify that, where I have indicated that I am the Stage I System Responsible Official, **(a)** I have personally examined the forgoing and am familiar with the information contained in this document and all attachments and that, based on my obtaining the information, I believe that the information is true, accurate and complete; **(b)** systems to maintain compliance are in place at the facility and will be maintained for the coming year even if the processes or operating procedures are changed over the course of the year; and, **(c)** I am fully authorized to make this attestation on behalf of the facility.

\_\_\_\_\_  
 Stage II System Responsible Official Name

\_\_\_\_\_  
 Stage II System Responsible Official Signature

\_\_\_\_\_  
 Date (MM/DD/YYYY)