

Rhode Island Underground Storage Tank Program	Request for Operation of an Unmanned UST Facility			
	UST Facility Number:	UST Facility Name:		
	Facility Address:			
	City:	State:	Zip Code:	
Tank#	Unmanned Tank Size	Unmanned Tank Substance		
A sign listing local emergency responder information and the names and telephone numbers of the owner or certified operators to be contacted in the event of an emergency MUST be posted near the UST so that it is visible to persons fueling or filling. Please provide the signage information below.				
Name of Class A Operator:		Telephone Number:		
Name of Class B Operator:		Telephone Number:		
Name of Additional Contact for Facility, if any:		Telephone Number:		
Name of Local Emergency Responder:		Telephone Number:		
Name of Local Emergency Responder:		Telephone Number:		
Name of Local Emergency Responder:		Telephone Number:		
I request approval from RI DEM for the operation of the UST system without the presence of a Class C operator during all operating hours. I understand that the Class A and/or B operator(s) are still responsible for monthly inspections at this UST facility and must comply with all requirements of Rule 8.22 of the Rhode Island DEM <i>Rules and Regulations for Underground Storage Facilities Used for Petroleum Products and Hazardous Materials</i> .				
Name of Requesting Authority:				
Signature of Requesting Authority:				