



RHODE ISLAND  
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

235 Promenade Street, Providence, RI 02908-5767  
Office of Waste Management – UST Management

TDD 401-831-5508  
401 222-2797

**TRANSFER OF CERTIFICATION OF REGISTRATION**

This document must be filled out by the new owner.  
This document must be notarized.

**FACILITY INFORMATION:**

Facility Identification Number:	_____
Facility Name:	_____
Facility Address:	_____ _____
Telephone Number:	_____

**NEW OWNER INFORMATION:**

New Owner(s) Name:	_____
New Owner(s) Address:	_____ _____
Telephone Number:	_____
Proposed Transfer Date:	_____

**CERTIFICATION:**

Please put an "X" in the box that applies:	
I have read the Original Application for a Certification of Registration and:	
<input type="checkbox"/>	Believe, to the best of my knowledge, that there has been no substantial modification in the operations of the facility since the certificate was issued.
<input type="checkbox"/>	Believe, to the best of my knowledge, that there have been substantial modifications in the operation of the facility since the certification was issued; and I have included a description of all the changes that have occurred since the certificate was issued.
Owner's Signature:	_____
Notary Public Signature/Seal:	_____