

Change or Update in Ownership of a UST or UST Facility

Submit this form if you purchased or assumed ownership of a underground storage tank (UST), tank facility, or property which contains USTs, or there has been a change in your contact information or mailing address. This form is only for facilities that are currently registered with RI DEM; for new installations, facilities with significant modifications, or newly discovered tanks, you must complete the full UST Registration. This form should not be used for anyone leasing or renting a facility, as DEM does not consider this a change in ownership. If there is a change in operator, but not a change in owner, complete the form titled "Change in UST Operator" instead. All forms are available at <http://www.dem.ri.gov/ust>

This form must submitted within 30 days of any change in ownership. If you have questions about completing this form, contact our office at (401) 222-2797. Completed applications should be sent to the following address:

Office of Land Revitalization and Sustainable Materials Management - UST Division
ATTN: Ian Cullings
Rhode Island Department of Environmental Management
235 Promenade Street
Providence, RI 02908-5767

I. Facility Information:

Facility Name: DEM Facility ID:

Street Address: City:

Is this facility currently operational? ☐ Yes ☐ No

Reason for Submitting Form: ☐ Update contact information or mailing address ☐ Change in Owner

Date Property/Facility was Sold:

II. Owner Information:

Owner Name:

Mailing Address:

City: State: Zip Code:

Phone #: E-mail address:

Primary Contact Name:

Ownership Type (please check one)

☐ Corporate/Ltd. Partnership ☐ Municipal ☐ State ☐ Federal (GSA Facility ID#:)

☐ Individual/Partnership ☐ Other (Please Specify):

How do you comply with Financial Responsibility Requirements (Rule 1.8)? ☐ Private Insurance ☐ Self-Insured ☐ RI UST Fund

If Private Insurance or Self-Insured, supporting documentation must be attached

III. UST/Facility/Station Operator Information: ☐ Same as New Owner

Operator/Manager Name:

Mailing Address:

City: State: Zip Code:

Phone #: Fax #: E-mail address:

V. Change in Facility Components or Operation:

Check the box that most closely applies:

☐ I believe, to the best of my knowledge and reasonable inquiry, that there has been no substantial modification in the operations or components of the facility since the most recent registration application was submitted

☐ I believe, to the best of my knowledge and reasonable inquiry, that there have been substantial modifications in the operation or construction of the facility since the most recent registration application was submitted and I have included a description of all changes that have occurred. Substantial changes include re-piping, new tank installations, change in product type, or >50% of a dispenser being modified. If new tanks or piping have been installed, a new registration application may be required

VI. Acknowledgements and Certification:

I understand that as the owner of this underground storage tank (UST) facility I assume responsibility for all activities that occur at the site and am responsible for maintaining compliance with all applicable regulations and requirements related to underground storage tanks, hazardous materials release, and all regulations and requirements discussed in the State of Rhode Island Rules and Regulations for Underground Storage Facilities Used for Regulated Substances and Hazardous Materials. I understand that the Department of Environmental Management conducts routine compliance inspections of all regulated underground storage tank facilities and I am required to make reasonable efforts to cooperate with these inspections. I understand that failure to comply with the regulations discussed in the Rules and Regulations for Underground Storage Facilities Used for Regulated Substances and Hazardous Materials may result in enforcement action by DEM, and may include financial penalties, administrative action, and prohibiting use of USTs through the "Red Tag" program.

Owner's Name: (Printed):

☐ I am a proxy or have signatory authority

Owners Signature:

Date: