



CHANGE OF OWNER/OPERATOR FORM

Department of Environmental Resources
Hazardous Materials

Information Change Is For:

<input type="checkbox"/> Business Operator (operates business only)	<input type="checkbox"/> Property Owner (owns land that business resides on)	<input type="checkbox"/> Tank Owner (owns the UST[s] only)	<input type="checkbox"/> Business Name
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Facility Name: _____

Address: _____	Phone: _____
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Facility Mailing Address:[if different than above] _____

NEW BUSINESS OPERATOR: Name: _____ Phone: _____	Mailing Address: _____
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NEW PROPERTY OWNER: Name: _____ Phone: _____	Mailing Address: _____
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NEW TANK OWNER: Name: _____ Phone: _____	Mailing Address: _____
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NEW OPERATOR: Name: _____ Phone: _____	Mailing Address: _____
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PREVIOUS OWNER: Name: _____ Phone: _____	Mailing Address: _____
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Number of UST(s) Authorized to Operate: _____	Number of Tanks at Site: _____
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Each underground storage tank at this facility is permitted to contain the following materials:

<u>VOLUME</u>	<u>MATERIALS STORED</u>	<u>VOLUME</u>	<u>MATERIALS STORED</u>

This is to acknowledge that I have received and read the requirements of the permit to operate underground storage tank(s) for the above facility and agree to accept the obligations of the permit. I realize that the Office of Environmental Resource, Hazardous Materials Division, may review and modify, or terminate, the transfer of the permit, pursuant to the criteria specified in subdivision (a) of Section 25292 of the California Health and Safety Code, upon receiving the completed form.

Signed: _____
Signature of Owner____ Operator____ or Agent____

Date: _____

