



Notification For Underground Storage Tanks

III. TYPE OF OWNER

IV. INDIAN COUNTRY

- | | |
|---|--|
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> State Government | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Private |

USTs are located on land within an Indian reservation or on trust lands outside reservation boundaries

Federally recognized tribe where USTs are located:

V. TYPE OF FACILITY

- | | | |
|--|--|--|
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Federal – Military | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Commercial Airport Or Airline | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Trucking Or Transport |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Industrial | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Farm | <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> Other (Explain) _____ |
| <input type="checkbox"/> Federal – Non-military | <input type="checkbox"/> Railroad | |

VI. CONTACT PERSON IN CHARGE OF TANKS

Name:	Job Title:	Address:	Phone Number (Include Area Code):

VII. FINANCIAL RESPONSIBILITY

I have met the financial responsibility requirements (in accordance with 40 CFR part 280 Subpart H) by using the following mechanisms:
 (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Bond Rating Test | <input type="checkbox"/> Local Government Financial Test | <input type="checkbox"/> Surety Bond |
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Trust Fund |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Self-insurance (Financial Test) | <input type="checkbox"/> Other Method (describe here) |
| <input type="checkbox"/> Letter Of Credit | <input type="checkbox"/> State Fund | _____ |

I do not have to meet financial responsibility requirements because 40 CFR part 280 Subpart H is not applicable to me (e.g., if you are a state or federal owner).

VIII. CERTIFICATION (Read and sign after completing ALL SECTIONS of this notification form)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through XI of this notification form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)	Signature	Date Signed

Paperwork Reduction Act Notice

The public reporting and recordkeeping burden for this collection of information is estimated to average 30 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.