



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Compliance Section
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Aboveground Storage Tank Registration Form

(Revised 2/8/2019)

Any person who owns an aboveground storage tank (AST) system must complete the form and submit it to OPS (Division of Oil and Public Safety) within 30 days of operation. An invoice for \$35 per tank will be issued upon receipt of this form.

Date of First Fuel Delivery: _____ The date the fueling system was installed and operational.
 Without this date, the form is considered invalid.

Facility Information

Facility Type:	<input type="checkbox"/> Retail <input type="checkbox"/> Bulk Plant <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Airport <input type="checkbox"/> Federal <input type="checkbox"/> State Government <input type="checkbox"/> Other						
Facility Name:	_____		Company ID #:	_____		OPS Facility I.D. #:	_____
Facility Address:	Street:	_____					
	City:	_____	County:	_____	ZIP:	_____	
Contact Name:	_____				Phone #:	_____	
Email Address:	_____				# of ASTs:	_____	

Owner/Operator Information

Owner Type:	<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input type="checkbox"/> Commercial <input type="checkbox"/> Private						
Are the ASTs located on land within an Indian Reservation or Trust Lands outside reservation boundaries?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If the answer is yes:</i> Are the ASTs owned by a Native American Nation or Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a Tribe or Nation where the ASTs are located? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Owner/Operator Name:	_____		Contact Phone #:	_____		Cell Phone #:	_____
Contact Name:	_____		Email Address: _____				
Mailing Address:	Street/PO Box:	_____					
	City:	_____	State:	_____	ZIP:	_____	

Primary Contact Information

Same As Owner Information

Company Name:	_____		Contact Phone #:	_____		Cell Phone #:	_____
Contact Name:	_____		Email Address: _____				
Mailing Address:	Street/PO Box:	_____					
	City:	_____	State:	_____	ZIP:	_____	

Financial Responsibility Information

I have met the financial responsibility requirements (in accordance with 40 CFR 280 Subpart B) by using one of the following mechanisms:

Insurance Type:	<input type="checkbox"/> Self-Insurance	<input type="checkbox"/> Commercial Insurance	<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Local Government Financial Test	<input type="checkbox"/> Guarantee
	<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Bond Rating Test	<input type="checkbox"/> State Funds	<input type="checkbox"/> Trust Fund	<input type="checkbox"/> Other

Tank Information

OPS Tank ID #:	_____	_____	_____	OPS Use Only
Tank Release Detection Method:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Piping Release Detection Method:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tank Corrosion Protection Method:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Piping Corrosion Protection Method:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Owner/Operator Certification

I certify that I am familiar with the above information, and I believe that this information is true, accurate and complete.

Printed Name:	_____			Title:	_____
Owner/Operator Signature:	_____			Date:	_____