



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

(Revised 2/8/2019)

Any person who owns an underground storage tank (UST) 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

<b>Facility Type:</b>	<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 #:	_____		<b>OPS Facility I.D. #:</b>	_____	
Facility Address:	Street:	_____						
	City:	_____	County:	_____		ZIP:	_____	
Contact Name:	_____				Phone #:	_____		
Email Address:	_____				# of USTs:	_____		

## Owner/Operator Information

<b>Owner Type:</b>	<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 USTs 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 USTs owned by a Native American Nation or Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a Tribe or Nation where the USTs 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:	_____	

## A/B Operator Information

Submit a copy of the training certificate with this form.

A/B Operator Company Name:	_____				Operator Type:	<input type="checkbox"/> A Operator and/or <input type="checkbox"/> B Operator		
A/B Operator Name:	_____		Contact Phone #:	_____		Cell Phone #:	_____	
Mailing Address:	Street/PO Box:	_____						
	City:	_____	State:	_____		ZIP:	_____	
Email Address:	_____				(OPS Use) A/B ID#:	_____		
Training Company Name:	_____		Certification #:	_____		Date Trained:	_____	

## 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

<b>OPS Tank ID #:</b>	_____	_____	_____	<b>OPS Use Only</b>
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:	_____