



Colorado Department of Labor and Employment  
 Division of Oil and Public Safety - Compliance Section  
 633 17<sup>th</sup> Street, Suite 500  
 Denver, CO 80202-3610

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 Web: www.colorado.gov/ops

# Underground Storage Tank Transfer of Ownership or Change in Operations

(Revised 5/14/15)

Any person who owns or operates an underground storage tank (UST) system must complete this form and submit it to the Division of Oil and Public Safety via email, fax or postal mail within 30 days of the change or transfer.

**Date of Ownership Transfer or Change in Operations:** 11/16/15  
*Without this date, the form is considered invalid.*

### Facility Information

Facility Type:	<input checked="" 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							
Former Name of Facility:	New West Conoco				OPS Facility I.D. #:	2		
New Name of Facility (if name has changed):	Renegade Conoco			# of USTs:	3	Phone #:	303-555-1212	
Facility Address:	666 Dire Straits Rd.		City:	Monument	County:	El Paso	ZIP:	80132

### Former Owner/Operator Information

No Former Owner Information

Owner/Operator Name:	New West Conoco LLC		Phone #:	614-555-1212				
Contact Name:	Rory Calhoun		Email Address:	roryc@newwest.com				
Mailing Address:	PO Box 1492		City:	Columbus	State:	OH	ZIP:	43085

### New Owner/Operator Information

Owner Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input checked="" type="checkbox"/> Corporation, Partnership or LLC <input type="checkbox"/> Local Government or Municipality <input type="checkbox"/> Native American Nation or Tribe							
Purchase Type:	<input checked="" type="checkbox"/> Purchased property and business <input type="checkbox"/> Purchased business only (including tanks) <input type="checkbox"/> New Operator (leasing business)							
Company Name (Example: XYZ Corp):	Westeros Enterprises LLC		Phone #:	719-555-1212		Cell Phone #:		
Contact Name:	Jon Snow		E-mail Address:	snowman@westeros.com				
Mailing Address:	1234 Martin Way		City:	Colorado Springs	State:	CO	ZIP:	80906

### New Primary Correspondence Contact Information

Same As Owner Information

Contact Name:			Phone #:			Cell Phone #:		
Company Name (if different from above):			Email Address:					
Mailing Address:			City:		State:		ZIP:	

### A/B Operator Information

Submit a copy of the training certificate with this form.

A/B Operator Name:	Tyrion Lannister		Phone #:	719-555-1212				
Email Address:	shortguy@westeros.com		Operator Type:	<input checked="" type="checkbox"/> A Operator           and/or <input checked="" type="checkbox"/> B Operator				
Mailing Address:	1234 Martin Way		City:	Colorado Springs	State:	CO	ZIP:	80906
Training Company:	Oil AB Training Inc.	Certification #:	123456	Date Trained:	1/15/10	OPS Use A/B ID#:		

### Financial Responsibility Information

Insurance Type:	<input checked="" 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 Fund <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other							
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### Owner/Operator Certification

If the new owner is completing this form, it will be considered a Transfer of Ownership.

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

Printed Name:	Jon Snow		Title:	CEO	Owner Type:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Former		
Owner/Operator Signature:			Date:	12/15/15	Phone #:	303-555-1212		