



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
HAZARDOUS WASTE PROGRAM

**UNDERGROUND PETROLEUM STORAGE TANK REGISTRATION**

Return completed form to: Missouri Department of Natural Resources Hazardous Waste Program – Budget & Planning Section P.O. Box 176 Jefferson City, MO 65102 Note to owners/operators: An instruction page is attached to assist you in completing the form. Use additional sheets for sites with more than five tanks and re-number the top column.	<b>AGENCY USE ONLY</b>
	OWNER NUMBER
	DATE ENTRY BY
	DATE

**TANK OWNER INFORMATION**  Use contact as facility contact

TANK OWNER NAME (CORPORATION, INDIVIDUAL, AGENCY, ETC.)		
ADDRESS, CITY, STATE, ZIP CODE	COUNTY	TANK OWNER TELEPHONE NUMBER WITH AREA CODE
TANK OWNER CONTACT PERSON	CONTACT TITLE	TANK OWNER EMAIL ADDRESS

**TANK OWNER TYPE**

(CHECK ONE) <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Private Owner	MARK IF APPLIES (MAY CHECK MORE THAN ONE) <input type="checkbox"/> Retail Facility <input type="checkbox"/> Non-retail fleet/transportation <input type="checkbox"/> School <input type="checkbox"/> Hospital
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**PROPERTY OWNER INFORMATION**  Same as tank owner  Use contact as facility contact

PROPERTY OWNER NAME			
ADDRESS			PROPERTY OWNER TELEPHONE NUMBER WITH AREA CODE
CITY	STATE	ZIP CODE	PROPERTY OWNER EMAIL ADDRESS

**TANK OPERATOR INFORMATION (if not owner-employed)**  Same as tank owner  Use contact as facility contact

TANK OPERATOR NAME		
ADDRESS, CITY, STATE, ZIP CODE	COUNTY	TANK OPERATOR TELEPHONE NUMBER WITH AREA CODE
OPERATOR CONTACT PERSON	TITLE	TANK OPERATOR EMAIL ADDRESS

**WHERE TO SEND REGISTRATION FEE INVOICES**

CHECK ONE  
 Owner    Facility    Operator

**FACILITY INFORMATION**

FACILITY NAME	FACILITY TELEPHONE NUMBER WITH AREA CODE	
911 ADDRESS (CANNOT BE A P.O. BOX)		
CITY	ZIP CODE	COUNTY

**FACILITY CONTACT**

FACILITY CONTACT PERSON	EMAIL ADDRESS
JOB TITLE	TELEPHONE NUMBER WITH AREA CODE

**OTHER INFORMATION**

Is this facility currently registered as an underground storage tank facility?  Yes    No

FACILITY NUMBER ST	RELEASE NUMBER (IF APPLICABLE) R
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Are you amending the current registration?  Yes    No

STATUS OF TANK, IF CHANGED (CHECK ONE)					
TANK INFORMATION	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
Currently in use					
Out of use					
Permanently closed in place					
Removed					
Has any of your equipment changed since the last registration form or installation form?					
If yes, please list what has changed on each tank below.					
	No. 1	No. 2	No. 3	No. 4	No. 5
Tank Capacity:					
Product Stored:					
Equipment changes:					
OWNER CERTIFICATION					
I certify that I have examined the information reported on this form. I believe this information is true, accurate and complete.					
TANK OWNER NAME (PLEASE PRINT)			TITLE		
OWNER SIGNATURE			DATE		
CERTIFICATION BY PARTY OTHER THAN TANK OWNER					
I certify that I am not an owner of these tanks as defined by RSMo 319.100. However to facilitate the registration of these tanks, I am submitting this information which I believe to be true, accurate and complete to the best of my knowledge.					
NAME (PLEASE PRINT)			TITLE		
SIGNATURE			DATE		

## INSTRUCTIONS

Underground storage tanks that must be registered:

- All active underground storage tanks used to store petroleum products
- All abandoned or inactive underground storage tanks used for storage of petroleum products
- All active or inactive tanks that are used to store CERCLA - listed hazardous substances

**Note: An underground storage tank with compartments is considered one tank.**

### Tank Owner Information

List the tank owner's name, valid mailing address and county. Include the owner contact name, title, telephone number and email address. The registration form is invalid if the certification at the end of the form is signed by anyone other than the listed tank owner or the owners' authorized representative. **Note:** All information must match the Secretary of State's business registration.

### Owner Type

If the owner of the tank is a government entity, check the applicable box. All others should check a box that is non-government.

### Property Owner Information

List the property owner's name, valid mailing address, telephone number and email address, if not the same as the tank owner.

### Operator Information (if not owner-employed)

List the operator's name, valid mailing address, contact name, title, telephone number and email address.

### Registration Fee Invoices

Check the box indicating where the registration fee invoice is to be mailed.

### Facility Information

The facility name should identify the business name and 911 street address, if known (cannot be a P.O. Box). Include county name.

### Facility Contact Person

Indicate the name, title and telephone number of the facility contact.

### Other Information

If this facility has previously registered underground storage tanks with the department and you are adding new underground tanks or amending the current information, list your facility ID number (if known) to avoid duplicating our records.

### Tank Information - Only complete if equipment has changed since the last registration or new installation notification was filed.

1. **Status of Tank:** Indicate the status of each tank. Tanks that have been abandoned or emptied and are not yet closed, in accordance with 10 CSR 26-2, are considered out of use.
2. **Tank Capacity and Substance:** List the maximum capacity and product stored for each tank in total gallons. Include any compartments (size and product stored), if appropriate.
3. **List any equipment changes since the last registration form or new installation form was filed.**

### Required:

Complete either **Owner Certification** or **Certification by Party Other Than Tank Owner**. The owner's signature is preferred. If not signed by the owner, please provide justification for certification by party other than the tank owner on the bottom of the form.

For additional information or assistance, contact the department's Hazardous Waste Program at 573-751-3094.