



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Compliance Section
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TRANSFER OF OWNERSHIP – ABOVEGROUND STORAGE TANK

(REVISED 5/2014)

Any person who owns an Aboveground Storage Tank (AST) system must complete this form and submit it to the Division of Oil & Public Safety (OPS) via email, fax or postal mail within 30 days of operation.
 If you have any questions concerning the completion of this form, please contact us at 303-318-8545.

Date of Ownership or Transfer: (The date the property and/or fueling system was acquired. 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:					

Former Name of Facility:	Company ID #:	OPS Facility I.D. #:
New Name of Facility:	# of ASTs:	Contact Name:
Facility Address:	Phone:	Fax:
City:	County:	Zip:

Former Owner/Operator Information	No Former Owner Information <input type="checkbox"/>		
Owner/Operator Name:	Contact Phone:	Cell:	
Contact Name:	Fax:	E-mail:	
Mailing Address:	City:	State:	Zip:

New 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 ASTs located on land within an Indian Reservation or Trust Lands outside reservation boundaries? Y <input type="checkbox"/> N <input type="checkbox"/>
<i>If the answer is yes:</i>
Are ASTs owned by a Native American, Nation or Tribe? Y <input type="checkbox"/> N <input type="checkbox"/>
Is there a Tribe or Nation where the ASTs are located? Y <input type="checkbox"/> N <input type="checkbox"/>

Owner/Operator Name:	Contact Phone:	Cell:	
Contact Name:	Fax:	E-mail:	
Mailing Address:	City:	State:	Zip:

New Primary Correspondence Contact Information	Same As Owner Information <input type="checkbox"/>	
Company Name:	Contact Phone:	
Contact Name:	Cell:	Fax:
Mailing Address:	E-mail address:	
City:	State:	Zip:

Financial Responsibility Information

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:				

Release Detection & Release Prevention Information (space for additional tanks is on the next page)

OPS Tank ID#	Tank Release Detection Method	Piping Release Detection Method	Tank Corrosion Protection Method	Piping Corrosion Protection Method	OPS Use
					Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>
					Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>
					Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>

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:	Title:	Owner Type: <input type="checkbox"/> New <input type="checkbox"/> Former
Owner/Operator Signature:	Date:	Phone:

