



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

Phone: 303-318-8500  
 Fax: 303-318-8488  
 Email : cdle\_oil\_inspection@state.co.us  
 Web: www.colorado.gov/ops

# TRANSFER OF OWNERSHIP – UNDERGROUND STORAGE TANK

(REVISED 11/2013)

Any person who owns an underground storage tank (UST) system must complete this form and submit it to the Division of Oil and 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 were acquired. Without this date, the form is considered invalid.)

### Facility Information

**Facility Type:**  Retail  Bulk Plant  Commercial/Industrial  Airport  Federal  State Government  
 Other:

Former Name of Facility:	Company ID #:	OPS Facility I.D. #:
New Name of Facility:	# of USTs:	Contact Name:
Facility Address:	Phone:	Fax:
City:	County:	Zip:
<b>Former Owner/Operator Information</b>		<b>No Former Owner Information</b> <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:**  Federal Government  State Government  Local Government  Commercial  Private

Are USTs 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 USTs owned by a Native American, Nation or Tribe? Y <input type="checkbox"/> N <input type="checkbox"/>
	Is there a Tribe or Nation where the USTs 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:
<b>New Primary Correspondence Contact Information</b>		<b>Same As Owner Information</b> <input type="checkbox"/>
Company Name:	Contact Phone:	Cell:
Contact Name:	Fax:	Email:
Mailing Address:	City:	State: Zip:

### A/B Operator Information

Submit a copy of the training certificate with this form.

A/B Operator Company Name:	Contact Phone:	Operator Type:	<input type="checkbox"/> A Operator and/or	
			<input type="checkbox"/> B Operator	
A/B Operator Name:	Cell:	Email:		
Mailing Address:	City:	State:	Zip:	
Training Company:	Certification #:	Date Trained:	<b>OPS Use A/B ID#:</b>	

### Financial Responsibility Information

**Insurance Type:**  Self-Insurance  Commercial Insurance  Risk Retention Group  Local Government Financial Test  Guarantee  
 Letter of Credit  Bond Rating Test  State Funds  Trust Fund  
 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:

