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

Phone: 303-318-8525
Fax: 303-318-8518
Email: cdle_oil_inspection@state.co.us
Web: www.colorado.gov/ops

Aboveground Storage Tank Registration Form

(Revised 12/2015)

Any person who owns an aboveground storage tank (AST) system must complete the form and submit it to OPS (Division of Oil and Public Safety) within 30 days of operation.

Date of First Fuel Delivery:	The date the fueling system was installed and operational. Without this date, the form is considered invalid.

Facility Information

Facility Type:	☐ Retail ☐ Bulk Plant ☐ Commercial/Industrial ☐ Airport ☐ Federal ☐ State Government ☐ Other					
Facility Name:		Company ID #:		**OPS Facility I.D. #:**		
Facility Address:	Street:					
	City:	County:			ZIP:	
Contact Name:			Phone #:			
Email Address:			# of ASTs:			

Owner/Operator Information

Owner Type:	☐ Federal Government ☐ State Government ☐ Local Government ☐ Commercial ☐ Private				
Are the ASTs located on land within an Indian Reservation or Trust Lands outside reservation boundaries? ☐ Yes ☐ No	*If the answer is yes:* *Are the ASTs owned by a Native American Nation or Tribe?* ☐ *Yes* ☐ *No* *Is there a Tribe or Nation where the ASTs are located?* ☐ *Yes* ☐ *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:	

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

Tank Information

OPS Tank ID #:				**OPS Use Only**
Tank Release Detection Method:				☐ Yes ☐ No ☐ N/A
Piping Release Detection Method:				☐ Yes ☐ No ☐ N/A
Tank Corrosion Protection Method:				☐ Yes ☐ No ☐ N/A
Piping Corrosion Protection Method:				☐ Yes ☐ No ☐ 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:	