



Colorado Department of Labor and Employment  
 Division of Oil and Public Safety – Compliance Section  
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# Underground Storage Tank Transfer of Ownership or Change in Operations

(Revised 2/8/2019)

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. An invoice for \$35 per tank will be issued upon receipt of this form.

**Date of Ownership Transfer or Change in Operations:**

*Without this date, the form is considered invalid.*

### Facility Information

<b>Facility Type:</b>	<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:						<b>OPS Facility I.D. #:</b>						
New Name of Facility (if name has changed):					# of USTs:			Phone #:				
Facility Address:				City:			County:			ZIP:		

### Former Owner/Operator Information

No Former Owner Information

Owner/Operator Name:			Phone #:								
Contact Name:			Email Address:								
Mailing Address:			City:			State:			ZIP:		

### New Owner/Operator Information

<b>Owner Type:</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government										
	<input type="checkbox"/> Corporation, Partnership or LLC <input type="checkbox"/> Local Government or Municipality <input type="checkbox"/> Native American Nation or Tribe										
<b>Purchase Type:</b>	<input 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):			Phone #:			Cell Phone #:					
Contact Name:			E-mail Address:								
Mailing Address:			City:			State:			ZIP:		

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

### Financial Responsibility Information

<b>Insurance Type:</b>	<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 Fund <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other										

### 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 #:		