



Return Completed Form & Fees To:

Petroleum Bulk Storage Application

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 374-2

(Please Type or Print Clearly and Complete All Items for Sections A & B)

PBS Number:

Section A - Facility/Owner/Contact Information

<p>Transaction Type: <input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> Y</p> <p>1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, Repair or Reconditioning 4) Information Correction 5) Renewal</p>	<p>Facility Name: _____</p> <p>Location (Not P.O. Boxes): _____</p> <p>Location (cont.): _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Township or City: _____</p> <p>Name of Daily On-Site Operator: _____ Training: <input type="checkbox"/></p> <p>Name of Primary Operator: _____ Training: <input type="checkbox"/></p> <p>Primary Operator Phone Number: _____</p>	<p>Expiration Date: _____</p> <p>TYPE OF PETROLEUM FACILITY (Check only one)</p> <p><input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor <input type="checkbox"/> 02=Retail Gasoline Sales</p> <p><input type="checkbox"/> 03=Other Retail Sales <input type="checkbox"/> 04=Manufacturing <input type="checkbox"/> 05=Utility</p> <p><input type="checkbox"/> 06=Trucking/Transportation <input type="checkbox"/> 07=Apartment/Office Building <input type="checkbox"/> 08=School</p> <p><input type="checkbox"/> 09=Farm <input type="checkbox"/> 10=Private Residence <input type="checkbox"/> 11=Airline/Air Taxi/Airport</p> <p><input type="checkbox"/> 12=Chemical Distributor <input type="checkbox"/> 13=Municipality <input type="checkbox"/> 15=Railroad</p> <p><input type="checkbox"/> 25=Auto Service/Repair (No Gasoline Sales)</p> <p><input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.)</p> <p><input type="checkbox"/> 27=Hospital/Nursing Home/Health Care <input type="checkbox"/> 28=Cemetery / Memorial</p> <p><input type="checkbox"/> 99=Other (Specify): _____</p>
<p>NOTE: A change of ownership and/or federal tax ID submission must include the first page of the deed.</p>	<p>Owner Name: _____ Emergency Contact Name: _____ Emergency Telephone Number: _____</p> <p>Address (Street and/or P.O.): _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Federal Tax ID Number: _____ Owner Telephone Number: _____</p> <p>Check If Multiple Tank Owners: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>Type of Owner: (check only one) <input type="checkbox"/> 1 Private Resident <input type="checkbox"/> 2 State Government <input type="checkbox"/> 3 Local Government <input type="checkbox"/> 4 Federal Government <input type="checkbox"/> 5 Corporate/Commercial</p>	<p>I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.</p> <p>Name of Owner or Authorized Representative: _____ Amount Enclosed: \$ _____</p> <p>Title: _____</p> <p>Signature: _____ Date: _____</p>
<p>**The Application will be returned if these items are blank</p>	<p>(Please keep up to date - this information is used for mailing and contact purposes)</p> <p>Attention: _____</p> <p>Name of Company: _____</p> <p>Address: _____</p> <p>Address: _____</p> <p>City/State/Zip Code: _____</p> <p>Telephone Number: _____ E-Mail Address: _____</p>	<p>OFFICIAL USE ONLY</p> <p>Date Received: ___/___/___</p> <p>Date Processed: ___/___/___</p> <p>Amount Received \$: _____</p> <p>Reviewed by: _____</p> <p>(pbsapplication2009.rpt)</p>