

UNDERGROUND STORAGE TANK OWNERSHIP TRANSFER NOTIFICATION

Delaware Department of Natural Resources and Environmental Control



Division of Waste and Hazardous Substances
Tank Management Section
391 Lukens Drive
New Castle, DE 19720
(302) 395-2500

File Code 02G

EFFECTIVE DATE OF TRANSFER: ____/____/____ **Facility ID:** _____
(mm/dd/yyyy)

Delaware's *Regulations Governing Underground Storage Tank Systems* Part A, Section 4.4.2 states, "Any Person who assumes ownership of an UST system from a previous registrant shall complete and return to the Department a new notification form and a transfer of ownership form with documentation of compliance with the Financial Responsibility requirements of Part F of these Regulations and a copy of the bill of sale for the property no later than thirty (30) days after the transfer."

Please fill out this Notification Form completely. Incomplete or illegible notifications will be returned.

I. FORMER OWNER INFORMATION

(Former Tank Owner must complete Section I and sign/date where indicated)

Former Owner: _____ **Street:** _____

City: _____ **State:** ____ **Zip:** _____ **Email:** _____

Phone: (____) _____ **Fax:** (____) _____

I, _____ *(please print name legibly)* a responsible party, do hereby transfer the ownership of UST(s) located at the registered facility listed in Section III to the responsible party below in Section II.

Select One:

- I certify that all records pertaining to the UST systems listed on the attached UST Registration Certificate(s) have been included in the transfer to the new owner.
- I cannot certify that all records pertaining to the UST systems listed on the attached UST Registration Certificate(s) have been included in the transfer to the new owner.

Signature

Date

II. NEW OWNER INFORMATION

(New Tank Owner must complete Sections II – IV and sign/date where indicated)

Name of Business: _____ **Name of Individual:** _____

Street: _____

City: _____ **State:** ____ **Zip:** _____ **Email:** _____

Phone: (____) _____ **Fax:** (____) _____

I, _____ *(please print name legibly)* a responsible party, do hereby verify the transfer the ownership of UST(s) located at the registered facility listed in Section III from the responsible party listed in Section I.

Select One:

- I certify that I have received all records pertaining to the UST systems listed on the attached UST Registration Certificate(s) in the transfer to the new owner.
- I cannot certify that I have received all records pertaining to the UST systems listed on the attached UST Registration Certificate(s) in the transfer to the new owner.

Signature

Date

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III. TRANSFER DOCUMENTATION & FACILITY LIST

(The following attachments must accompany this form except where noted)

1. Copy of UST Registration & Notification form for each facility listing all USTs included in the sale, their contents, and capacity;
2. Copy of **executed** Bill of Sale (or document of transfer);
3. Copy of the UST Registration Certificate(s) of facility (ies) included in sale;
4. Copy of current Stage I and Stage II Vapor Recovery Operating Permits, where applicable;
5. Copy of original applications associated with Stage I and Stage II Vapor Recovery Operating Permits, where applicable;
6. Financial Responsibility (FR) *(insurance or other approved FR must be in effect before a regulated substance may be stored in the tanks and the tanks operated)*;
7. UST Operator Training documentation *(no later than 45 days after effective date of transfer)*.

List Facility ID and New Facility Name

Facility ID: _____ New Facility Name: _____

IV. LICENSE & IDENTIFICATION INFORMATION

1. Federal ID or Taxpayer ID: _____
2. DE Business License # as a Petroleum Retailer: _____
3. Motor Fuel Tax License #: _____
4. Tax Parcel #(s) _____
5. *List members, officers, shareholders, etc. for entity (LLC, Corp., L.P., etc.). Please print legibly. Use additional pages, if needed.*

1. Name: _____ **Title:** _____

Street: _____ **City:** _____

State: _____ **Zip:** _____ **Email:** _____

Phone: (____) _____ **Fax:** (____) _____

2. Name: _____ **Title:** _____

Street: _____ **City:** _____

State: _____ **Zip:** _____ **Email:** _____

Phone: (____) _____ **Fax:** (____) _____

6. *List local contact for compliance matters. Please print legibly. Use additional pages, if needed.*

1. Name: _____ **Title:** _____

Street: _____ **City:** _____

State: _____ **Zip:** _____ **Email:** _____

7. Please provide a copy of articles of incorporation, operating agreement, etc. for your entity.

NOTE: In accordance with 7 Del.C., Chapter 74, beginning January 1, 2016 any entity that owns property that contains or previously contained USTs, may become a responsible party liable for remediation of all released regulated substances emanating from the property, regardless of whether the entity caused the release, when the release occurred or how the release occurred.

“Lender Liability” exemptions are detailed in 7 Del. C., Chapter 74. <http://delcode.delaware.gov/title7/c074/sc01/index.shtml>