Department of Environmental Protection

2600 Blair Stone Road ♦ Tallahassee, Florida 32399-2400

Storage Tank Facility Registration Form

Review Registration Instructions Before Completing this Form

Submit this completed form for the facility when registration of storage tanks or compression vessels is required by Section 376.303, Florida Statutes

Please check all that apply:

New Registration	New Owner	New Tanks
Existing Facility Info Update/Correction	Existing Owner Info Update/Correction	Existing Tank Info Update/Correction

A. FACILITY INFORMATION   **County:** _____   **DEP Facility ID:** _____

Facility Name:

Facility Address: _____   City: _____   Zip: _____

Facility Contact: _____   Business Phone: _____

Facility Type(s): _____   Financial Responsibility Mechanism (choose):   Insurance   Other

24 Hour Emergency Contact: _____   **Emergency Phone:** _____

B. ACCOUNT OWNER INFORMATION: Identify the Party responsible for payment of Registration Fees at the facility location named above

Legal Entity: _____   Ownership Effective Date: _____

Contact Person: _____   STCM Account Number (if known): _____

Address:

City: _____   State: _____   Zip: _____

Telephone: _____   Email Address: _____

C. REAL PROPERTY OWNER INFORMATION: Identify the Party that is vested with ownership, dominion or legal or rightful title to the real property

Legal Entity: _____   Ownership Effective Date: _____

Contact Person:

Address:

City: _____   State: _____   Zip: _____

Telephone: _____   Email Address: _____

D. TANK/VESSEL INFORMATION: Complete one row for each storage tank or compression vessel system located at this facility (see Registration Instructions for **codes**)

Tank ID	T or V	A or U	Capacity	Installation Date	Content Code	Status	Effective Date	Construction	Piping	Monitoring
1										
2										
3										
4										
5										
6										
7										
8										

Facility Registration Certification: To the best of my knowledge and belief, all information submitted on this form is true, accurate and complete.

The person signing this form is the: (check all that apply)

Account Owner (Responsible for Registration Fees)   Real Property Owner

Signature (right click to sign)   Date

Printed Name   Title

Submit this form to tankregistration@floridadep.gov