



# Department of Environmental Protection

2600 Blair Stone Road ♦ Tallahassee, Florida 32399-2400

DEP Form: 62-761.900(2)  
Form Title: Storage Tank Facility Registration Form  
Effective Date: January 2017  
Incorporated in Rule 62-761.400, F.A.C.

## 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 Chapter 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. TANK OWNER INFORMATION:** Identify individual(s) or Business(es) responsible for payment of Registration Fees at the facility location named above  
Company/Individual Name: \_\_\_\_\_      Ownership Effective Date: \_\_\_\_\_  
Mail Address: \_\_\_\_\_      STCM Account Number (if known): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_      Email Address: \_\_\_\_\_

**C. PROPERTY OWNER INFORMATION:** Identify individual(s) or entity that if vested with ownership, dominion or legal or rightful title to the real property  
Company/Individual Name: \_\_\_\_\_      Ownership Effective Date: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
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										

Certified Contractor (performing UST installation or removal): \_\_\_\_\_      DBPR License No.: \_\_\_\_\_

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

\_\_\_\_\_  
Signature      Date  
\_\_\_\_\_  
Printed Name      Title

Submit this form to [tankregistration@dep.state.fl.us](mailto:tankregistration@dep.state.fl.us)