

## Department of Environmental Protection

2600 Blair Stone Road ♦ Tallahassee, Florida 32399-2400

DEP Form: <u>62-762.901(9)</u> Form Title: <u>Storage Tank Equipment</u> <u>Registration Form</u> Effective Date: <u>January 2017</u> Incorporated in Rule <u>62-762.851, F.A.C.</u>

## **Storage Tank Equipment Registration Form**

Fill out completely

City:	Zip:
Contact Number:	

Write a brief description of equipment registration request including product limitations:

## **Information Checklist**

		Yes	No	N/A
1.	Third-party Certification by a Nationally Recognized Testing Laboratory?			
2.	Documentation of third-party evaluation that the equipment meets DEP Rules?			
3.	Documents included about the qualifications of the Nationally Recognized Testing Laboratory?			
4.	Installation instructions included?			
5.	Technical information and drawings included?			
6.	Annual Operability Testing Requirements (Rules 62-761.700, 62-762.701, & 62-762.702 F.A.C.)?			
7.	Compatible with fuel blends containing >10% ethanol or >20% biodiesel?			
8.	Has the product been approved or registered in other countries or states? (If so provide list)			
9.	Any requirements for company-certified installers or trainers?			
10.	Was this product(s) previously approved or registered by the Department?			
	If yes, please specify the Equipment Number: <b>EQ</b>			
11.	Any changes or modifications to the equipment since the last submittal to DEP?			
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Document Information: Provide supporting documents indicated as "Yes" above including this form via email to <u>Tanknotify@dep.state.fl.us</u>, or documents can be sent to FDEP, Division of Waste Management, 2600 Blair Stone Road, MS 4560, Tallahassee, FL 32399.

Write a brief description of equipment installation and performance in the U.S.:

## **Equipment Registration Certification:**

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

Printed Name and Title		Signature		Date	
For Departme	ent Use Only: Date Application Received:	Application complete:	Yes:	No:	
EQ-	Date of complete or incomplete letter sent:	Date of entry to the DEP B	Equipment Regi	istration List:	