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