

UST change in status form

Underground Storage Tanks (UST) Program

New information

Doc Type: Permitting Registration Form

Notify the Minnesota Pollution Control Agency (MPCA) **within 30 days after** making a change in status or information. This form is not for tank installations or removals. Keep a copy for your records. **Incomplete forms will be returned.**

Use this form for:

- Change in information, such as site name, address, owner, or tank contents
- Change in tank status – not for removals
- Notification of intent to store biofuels

Submittal: To submit this form, Tank owner or authorized representative should save the form to their computer and send to the MPCA by using the submit button at the end of the form, or attach the form to an email message, using "Change in status" as the subject line to undergroundtanks.pca@state.mn.us. If form is completed by a Contractor, the Contractor should email the form to the Tank owner or authorized representative to certify and submit. **All questions with an asterisk(*) are required fields.**

Site information

*Site name: _____ Site number (if known): _____
 *Address: _____
 *City: _____ State: MN *Zip code: _____ *County: _____
 *Contact name: _____ *Phone: _____
 *Email address: _____

Owner information

*Name: _____
 *Address: _____
 *City: _____ *State: _____ *Zip code: _____
 *Contact name: _____ *Phone: _____
 *Email address: _____

Action Directions: Enter tank number (row 1) and tank capacity (row 2). If compartmental tank, use slashes to identify (e.g., Tank #001 = 2,000/8,000 = Gas/Diesel. Enter date [mm/dd/yyyy] of applicable action (row 3-8). If product change (row 7), enter product (e.g., Gas, Diesel) and enter date product changed. If status change (row 8), select status (e.g., Active, Temporarily closed) and enter date status changed.

1. Tank number				
2. Tank capacity (gallons)				
3. Change owner				
4. Change owner address				
5. Change facility name				
6. Change facility address				
7. Change product	Product: Date:	Product: Date:	Product: Date:	Product: Date:
8. Change tank status	Status: Date:	Status: Date:	Status: Date:	Status: Date:

Certification

An electronic signature is required for this form to be submitted. If this form is completed by a Contractor, the Contractor should forward this document via email to the owner/representative to sign and submit.

By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

☐ I agree **Tank owner or authorized representative**

*Name: _____ *Title: _____
 (This document has been electronically signed.) *Date (mm/dd/yyyy): _____