APPLICATION FOR TRANSFER OF UNDERGROUND STORAGE PERMIT and APPLICATION FOR TRANSFER OF PENDING UNDERGROUND STORAGE APPLICATION



THIS APPLICATION IS A LEGAL DOCUMENT. READ THE APPLICABLE CERTIFICATION CAREFULLY BEFORE SIGNING.

PRINT OR TYPE IN BLACK INK. For instructions on completing this form, visit the Division's website at www.dec.nv.gov/energy/205 htm.

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PART 1 - TRANSFEREE (New Owner/Applicant) COMPLETES: 1. THIS APPLICATION IS FOR TRANSFER OF:				
١.	☐ Existing Underground Storage Permit or Modification Permit		(Effective Date)	
	Pending Application for Underground Storage Permit or Modification Permit		(Submittal Date)	
2.	IAME OF TRANSFEREE		CONTACT NAME	
	STREET ADDRESS, CITY, STATE, ZIP CODE		TELEPHONE NUMBER (Daytime) ()	
3.	NAME OF FACILITY/PROJECT	4. FACILITY CONTACT NAME		
	STREET ADDRESS, CITY, STATE, ZIP CODE	STREET A	ADDRESS, CITY, STATE, ZIP CODE	
	COUNTY TOWN	TELEPHO	NE NUMBER (Daytime)	
5.	HAS WORK BEGUN ON THE PROJECT? Yes No N/A If "No," proposed starting date: Are any modifications to the current permitted operation or pending application proposed? CERTIFICATION: This certifies that the transferee seeks to be the legally responsible party for operations or project development either			
6.	authorized by the permit identified above or proposed in application identified above. The transferee has a copy of the permit and/or application and understands and will comply with all conditions in the referenced permit and supports the content of referenced application. Facility operations/project scope will remain the same as authorized or as proposed in pending application except as noted above in Item 5. Further, I hereby affirm that under penalty of perjury that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable pursuant to Section 210.45 of the Penal Law.			
Printed Name and Title of Transferee				
	Signature of Transferee Date			
	PART 2 - TRANSFEROR (Present or Former Owner/Applicant) COMPLETES:			
1.	NAME OF TRANSFEROR		CONTACT NAME	
	STREET ADDRESS, CITY, STATE, ZIP CODE		TELEPHONE NUMBER (Daytime) ()	
2.	NAME OF FACILITY/PROJECT, if different from Facility Name in Part 1:			
3.	3. CERTIFICATION: This certifies that the facility and/or application referenced in Part 1 of this form will be transferred was trans to the party identified as the new transferee (owner/applicant) on(date).			
	Printed Name and Title of Transferor			
	Signature of Transferor Date			
	PART 3 - DIVISION OF MINERAL RESOURCES - DEPARTMENT OF ENVIRONMENTAL CONSERVATION COMPLETES:			
	 ☐ Transfer of permit approved; effective as of Transferee subject to conditions of original permit, without exception. ☐ Transfer of permit approved, with the following modifications or contingencies related to this Permit Transfer: ☐ See attached revised permit page(s):			
Division of Mineral Resources				
	Name Signature		Date	