

	Notification of Underground Storage Tanks (UST) Montana Department of Environmental Quality	MDEQ Facility ID Number (XX-XXXXX)
INSTRUCTIONS Please type or print in ink all items except "signature" in Section V. An owner of a UST system must amend the facility's current owner notification form whenever the owner has undergone any change.		
Type of Notification		
Change of Owner	Amended Owner Information	Change of Facility Name (old name)
GENERAL INFORMATION		
Who Must Notify? Owners of underground tanks that store regulated substances must notify DEQ of the existence of their tanks, unless exempted, per <i>Title 17, Chapter 56, Subchapter 9, Administrative Rules of Montana (ARM)</i> . An "Owner" means – a) in the case of a UST in use on or after November 8, 1984, any person who owns an underground storage tank used for storage, use, or dispensing of regulated substances, b) in the case a UST in use before November 8, 1984, any person who owned such tank immediately before discontinuation of its use.		
What tanks require notification? <ul style="list-style-type: none"> All underground tanks that have been used to store regulated substances since January 1, 1974, and that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986 A UST which is in the ground and not properly closed is deemed to be in use and is subject to notification requirements. 		
Penalties: Any owner who fails to notify or submits false information is subject to a civil penalty of up to \$10,000.00 per violation per day for each tank for which notification is not given or for which false information is submitted. Criminal penalties may also apply.		
Where to send completed forms: Email completed forms to: dequstprogram@mt.gov DEQ / UST Section, PO Box 200901, Helena MT 59620-0901 Phone: 406-444-5300 Fax: 406-444-1374		
I. Ownership of Tanks		II. Operator of Tanks
Owner Name (Corporation, Individual, Public Agency etc.)		Operator Name
Mailing Address		Operator Address
City	State Zip	City State Zip
Phone Number	Fax Number	Phone Number Fax Number
Email Address		Email Address
III. Location of Tanks		
Facility Name		Street Address or Physical Location (PO BOX NOT ACCEPTABLE)
Facility Phone Number	MDEQ Facility ID Number	City State Zip Code
Contact Person	Contact Phone Number	Contact Email Address Name of Fuel Distributor
IV. Financial Responsibility		
I have met the financial responsibility requirements in accordance with <i>40 CFR 280, Subpart H and Title 17, Chapter 56, Subchapter 8, ARM</i> by the mechanism(s) selected below.		
Check All that Apply * If PTRCF is checked, you must choose additional mechanism(s) to cover \$17,500 co-payment.		
* Montana Petroleum Tank Release Cleanup Fund (PTRCF) Certificate of Tangible Net Worth (can only be used with PTRCF) Insurance/Risk Group Coverage (Must not contain an environmental rider)	Trust Fund Financial Test of Self Insurance Guarantee (Requires a Standby Trust Fund)	Surety Bond (Requires a Standby Trust Fund) Letter of Credit (Requires a Standby Trust Fund) Standby Trust Fund
Local Government Only:	Bond Rating Test Financial Test Dedicated Fund	Guarantee
V. Certification		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.		
Name of owner or owner's authorized representative (Please Print)		Title
Signature		Date Signed