



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Compliance Section
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Transfer of Ownership - Aboveground Storage Tank

(Revised 2/8/2019)

Any person who owns an Aboveground Storage Tank (AST) system must complete this form and submit it to the Division of Oil & Public Safety (OPS) via email, fax or postal mail within 30 days of operation.
 An invoice for \$35 per tank will be issued upon receipt of this form.

Date of Ownership or Transfer: (The date the property and/or fueling system was acquired. Without this date, the form is considered invalid.)

Facility Information

Facility Type: Retail Bulk Plant Commercial/Industrial Airport Federal State Government
 Other:

| | | |
|--------------------------|---------------|-----------------------------|
| Former Name of Facility: | Company ID #: | OPS Facility I.D. #: |
| New Name of Facility: | # of ASTs: | Contact Name: |
| Facility Address: | Phone: | Fax: |
| City: | County: | Zip: |

Former Owner/Operator Information

No Former Owner Information

| | | |
|----------------------|----------------|-------------|
| Owner/Operator Name: | Contact Phone: | Cell: |
| Contact Name: | Fax: | E-mail: |
| Mailing Address: | City: | State: Zip: |

New Owner/Operator Information

Owner Type: Federal Government State Government Local Government Commercial Private

Are ASTs located on land within an Indian Reservation or Trust Lands outside reservation boundaries? Y N

If the answer is yes:

Are ASTs owned by a Native American, Nation or Tribe? Y N

Is there a Tribe or Nation where the ASTs are located? Y N

| | | |
|----------------------|----------------|-------------|
| Owner/Operator Name: | Contact Phone: | Cell: |
| Contact Name: | Fax: | E-mail: |
| Mailing Address: | City: | State: Zip: |

New Primary Correspondence Contact Information

Same As Owner Information

| | |
|------------------|-----------------|
| Company Name: | Contact Phone: |
| Contact Name: | Cell: Fax: |
| Mailing Address: | E-mail address: |
| City: | State: Zip: |

Financial Responsibility Information

Insurance Type: Self-Insurance Commercial Insurance Risk Retention Group Local Government Financial Test Guarantee
 Letter of Credit Bond Rating Test State Funds Trust Fund
 Other:

Release Detection & Release Prevention Information (space for additional tanks is on the next page)

| OPS Tank ID# | Tank Release Detection Method | Piping Release Detection Method | Tank Corrosion Protection Method | Piping Corrosion Protection Method | OPS Use |
|--------------|-------------------------------|---------------------------------|----------------------------------|------------------------------------|---|
| | | | | | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> |
| | | | | | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> |
| | | | | | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> |

Owner/Operator Certification

If the new owner is completing this form, it will be considered a Transfer of Ownership.
 I certify that I am familiar with the above information, and I believe that this information is true, accurate and complete.

| | | |
|---------------------------|--------|--|
| Printed Name: | Title: | Owner Type: <input type="checkbox"/> New <input type="checkbox"/> Former |
| Owner/Operator Signature: | Date: | Phone: |

