



Colorado Department of Labor and Employment  
 Division of Oil and Public Safety – Compliance Section  
 633 17<sup>th</sup> Street, Suite 500  
 Denver, CO 80202-3610

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# TRANSFER OF OWNERSHIP – ABOVEGROUND STORAGE TANK

(REVISED 5/2014)

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.

If you have any questions concerning the completion of this form, please contact us at 303-318-8545.

**Date of Ownership or Transfer:** 11/23/15 (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: <b>American Aviation</b>	Company ID #:	<b>OPS Facility I.D. #: 1</b>
New Name of Facility: USA Aviation	# of ASTs: 1	Contact Name: Harlan Ellison
Facility Address: Judge Orr Rd & Cessna Dr	Phone: 719-633-1163	Fax:
City: Ramah	County: El Paso	Zip: 80832

### Former Owner/Operator Information

Owner/Operator Name: Fly Straight LLC  
 Contact Name: Sam Smith  
 Mailing Address: 633 17th St.

No Former Owner Information

Contact Phone: 303-318-8545  
 Fax:  
 City: Denver  
 State: CO  
 Zip: 80202

### 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: Circular Logic Inc.	Contact Phone: 303-318-8538	Cell:
Contact Name: Jenna Jones	Fax:	E-mail: jenna@circular.com
Mailing Address: 3415 West Center Avenue	City: Denver	State: CO Zip: 80219

### New Primary Correspondence Contact Information

Same As Owner Information

Company Name:  
 Contact Name:  
 Mailing Address:  
 City:

Contact Phone:  
 Cell:  
 E-mail address:  
 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
1-1	T11: Monthly Visual Inspection	L2: Double-wall & Sumps w/ Sensor	NEC: No Electrolyte Contact	NEC: No Electrolyte Contact	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>
1-2	T11: Monthly Visual Inspection	L2: Double-wall & Sumps w/ Sensor	NEC: No Electrolyte Contact	NEC: No Electrolyte Contact	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: Jenna Jones	Title: Environmental Spec.	Owner Type: <input checked="" type="checkbox"/> New <input type="checkbox"/> Former
Owner/Operator Signature:	Date: 12/15/15	Phone: 303-555-1212